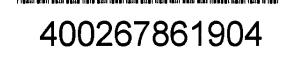
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S. GILBERT

## **COVER LETTER**

Department of State New Filing Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$70.00 \$78.75 **387.50** Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Bryon Book of the Street address:  Address: 21432 Colobba Arr  Post Charlothe Plan  Address: 21432 Colobba Arr  Address: 21432 Colobba Arr  Address: 21432 Colobba Arr  Post Charlothe Plan  Address: 21432 Co	er ar nat
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Bryan Balky Address: J. 432 Calkbon for  Port Chalbyk FL 33952  ARTICLE VII INCORPORATOR The name and address of the Incorporator is:  Name: J. 432 Calkbon for  Address: J. 432 Calkbon for  Port Chalbyk FL 33952  Inving been named as registered agent to accept service of process for the above stated corporation at the place desinis certificate, I am familiar with any accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Date  Submit this document and affirm that the facts stated herein are true. I am aware that the false information submodulation to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Address: Required Signature/Incorporator	
RTICLE VI REGISTERED AGENT  the name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Bryon Baley  Post Charlette Fl. 33952  RTICLE VII INCORPORATOR  the name and address of the Incorporator is:  Name: Mark Life  Address: 21432 Carleton Arr  Post Charlette Fl. 33952  taving been named as registered agent to accept service of process for the above stated corporation at the place desi is certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Submit this document and affirm that the facts stated herein are true, I am aware that the false information submovument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Address: Against Agent Signature/Incorporator	
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tame: Bryan Balky  ddress: It 432 Collider Agent  RTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Swall Law Agent  Address: It 432 Collider Agent  Required Signature/Registered Agent  Date  Submit this document and affirm that the facts stated herein are true. I am aware that the false information submit that the Department of State constitutes a third degree felony as provided for in s:817.155, F.S.  Address: Agentical Signature/Incorporator	
the name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:    Brygg Barley	
the name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  ame:  Bryg Barley  ddress:  21432 College Process  Reticle VII INCORPORATOR  the name and address of the Incorporator is:  Name:  Address:  21432 College Process for the above stated corporation at the place desists certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Date  Submit this document and affirm that the facts stated herein are true. I am aware that the false information submit cument to the Department of State constitutes a third degree felony as provided for in s:817.155, F.S.  **Bequired Signature/Incorporator**  Required Signature/Incorporator*  **Page 1.5	
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RETICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Sharic Life:  Address: 21432 Carlefon Arra  Port Charlotk FL 33952  Trying been named as registered agent to accept service of process for the above stated corporation at the place desists certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Date  Submit this document and affirm that the facts stated herein are true. I am aware that the false information submit cument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Hamma Required Signature/Incorporator  Date  The state of the s	
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