P1500000673

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
, , ,
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE

W1476153

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: A	Shleys Adv. (PROPOSED CORPORA	entures	Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>ÚDE SUFFIX</u>)			
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	i a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL CO	PY REQUIRED			
FROM: Michael J. Kzeski Name (Printed or typed)						
_5	794 S.W. 40	oth Street	#109			
	Niami, FL City,					
	954-892	elephone number				
	Michael jane E-mail address: (to be used	s 55 e hot	mail. Com			

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)

ARTICLE II PRINCIPAL OFFICE Principal street address			Mailing address, if different is:	
794 5.W. liami, FL	40th Street #159 33155			
		ny and all	legal purpose.	
			TAS: 35	
number of shares of	TIAL OFFICERS AND/OR DIREC	•	15 JAN 23 AH 7: SEGRETARY OF ST TALLAHASSEE FLO	
number of shares of	stock is: Loso	Swithame and Title:	JAN 23 AM CORE TANASSEE FLANASSEE FL	
e number of shares of ETICLE V INT Name and Titl Address	rstock is: 1000 TIAL OFFICERS AND/OR DIRECT e: Michael Kzeski (pre 5794 S.W. 404 Stre	Name and Title: Name and Title: Address: Address:	JAN 23 AH 7: 28 GRETARY OF STATE LAMASSEE FLOR DA	

Name an	d Title: N	Name and Title:				
Address	A	Address:				
			_			
ARTICLE VI	REGISTERED AGENT					
The name and F	orida street address (P.O. Box NOT acceptable) of the	ne registered agent is:				
Name:	Michael J. Kzeski					
Address:	5794 S.W. 40 HL Street Miani, FL 33155	+ # 109				
	Miani, PL 33155					
	•	TAL SF 5				
ARTICLE VII	INCORPORATOR	LAR TO				
The name and ac	Idress of the Incorporator is:	* 2 F				
Name:	Michael J. Kzeski 5794 S.W. 40H Str Man, FL 33155	SEE F				
Address:	5794 S.W. 40H Str	reet #189 FLORING 2				
	M.a.m., FL 33155	DA CONTRACTOR OF THE CONTRACTO				
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity						
Michael	Required Signature/Registered Agent	1/15/15				
	Required Signature/Registered Agent	Date				
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.						
Michael	A Kulti Required Signature/Incorporator	1/15/1	5			
	Required Signature/Incorporator	Date				