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COVER LETTER

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

SUBJECT: MUST INCLUDE SUFFIX) (PROPOSED CORPORATE NAME -

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00 Filing Fee

\$78.75 Filing Fec & Certificate of Status

■\$78.75 Filing Fee & Certified Copy

\$87.50
 Filing Fee,
 Certified Copy
 & Certificate

ADDITIONAL COPY REQUIRED

CAM me FROM: typed O.Cm E-mail address: (to be

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 I NAME The name of the corporation shall be: <u>ARTICLE II</u> PRINCIPAL OFFICE Mailing address, if different is: Principal street address Ane ARTICLE III PURPOSE The purpose for which the corporation is organized is: Man DA ſ $\boldsymbol{\varphi}$ <u>ر</u> ARTICLE IV SHARES 00The number of shares of stock is: AND/OR DIRECTORS CEO ARTICLE V INITIAL OFFICERS Name and Title:_____ Name and Title: ___ Address: Address 32826 Name and Title: Name and Title:_____ Address Address: Name and Title:______ Name and Title:______ Address: Address

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· · · ·	(conti.)
Name and Title: Address	
Address: 2725 Gray for	T the registered agent is: Cam CLANE 32826
ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: Name: Address: Address: Having been named as registered agent to accept service of process	CLAM CANC SARC for the above stated corporation at the proce designated in
this certificate, I am familiar with and accept the appointment as reg	istered agent and agree to act in this capacity $\frac{1/20/2015}{\text{Date}}$

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 legree felony as provided for in s.817.155, F.S.

() Required Signature/Incorporator Zmin X

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