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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

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

SUBJECT: Results Publications & Investments, (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX) Lenc.					
Enclosed are an original and one (1) copy of the articles of incorporation and 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 COPY REQUIRED				
FROM: Michelle Ferro					
Name (Printed or typed)					
1819 Narysville DR Address					
Deltona FL 32725 City, State & Zip					
772.215.3809 Daytime Telephone number					

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

Telles terro 68@ 9mailo com E-mail address: (to be used for future annual report notification)

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

	poration shall be: 145 ub/160	ctions & Investments Inc.
(C) (A)	PRINCIPAL OFFICE Principal street address 15 VILLE DR. FL. 32725	Po Box 5236 Deltona FL 3272 52
he purpose for whi	urpose ch the corporation is organized is: Developation Real Est	pe Advertising tate Investments
		2015 FEI SEGSET WILLIAM
		- 6 - 4
e number of shares	HARES i of stock is: /OO NITIAL OFFICERS AND/OR DIRECTORS	FH 1:57 GF STATE FLORIDE
e number of shares	s of stock is: /OO	and Title:
e number of shares RTICLE V I Name and 1 Address	in of stock is: 100 NITIAL OFFICERS AND/OR DIRECTORS Title: MChelle Ferro, President Name 1819 Marysville DR Addr	e and Title:

Name and Title:	Name and Title:				
Address	Address:				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	of the registered agent is:				
Name: My Chelle Ferro	or the registered agent is.				
Address: 1819 MarysvilleDe Deltona FL 32725	 				
ARTICLE VII INCORPORATOR					
The <u>name and address</u> of the Incorporator is:					
Name: Michelle Ferro	_				
Address: 1819 Marsulle	_				
Address: 1819 Marysville DeHona FL 32/25	_				
Having been named as registered agent to accept service of proces his certificate, I am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity				
Required Signature/Registered Agent	2-6-2015 Date				
submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
Required Signature/Incorporator	2-6-2015				
/ reduired Signature/ incorporator	Date				

,....,