## P1500002420/

(Re	equestor's Name)	<del> </del>		
(Address)				
(Ad	idress)			
(Cit	y/State/Zip/Phone	2 #1)		
PICK-UP				
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
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Special Instructions to	Filing Officer:			
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SECRETARY OF STATE TAILAHASSEE, FLORIDA



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## **COVER LETTER**

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

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
	original and one (1) copy of the arti			
☐ \$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED	
FROM:	COLETTE JIL	L MAKENIAN (Printed or typed)	<i>J</i>	
2572 SE 12+h ST. Address				
POMPANO BEACH FLA. 33062 City, State & Zip				
-	56/6/3 383/	elephone number		
-	colette, no	alice.it	notification)	

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2015

COLETTE JILL MAKENIAN 2572 SE 12TH ST. POMPANO BEACH, FL 33062

SUBJECT: CONNECTIONS INC. Ref. Number: W15000015174

We have received your document for CONNECTIONS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

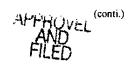
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 515A00004356

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

The name of the corn	<b>ame</b> , oration shall be:	<del></del>	MAKING CONN	IECTIONS I
	RINCIPAL OFFICE  Principal street address		Mailing address, if different	
			ridining ductiess, it different	. 13.
2572 SE	7244 37	<del></del>		<del></del>
POMPANO	BEACH FLA.			
<u>.</u>	38062			
RTICLE III PU	/RPOSE			
	h the corporation is organized is: POB	LIC RELATE	ONS, MARKETIN	VG,
EVENT CO	SCRDINATION			
		<del> </del>	**************************************	
			<del></del>	<del></del>
			<del> </del>	
	UADBS			
RTICLE IV SI he number of shares	HARES of stock is: 1			
RTICLE V II	IITIAL OFFICERS AND/OR DIRECTO	<u>ors</u>	<b>₹</b>	ੱਲੀ
Name and T	itle: COLETTE MAKENIAN/PRES	Manager and Title		#AR 2
			. <del> </del>	72 F≥F
Address	2572 SE /2st	Address:	<u>#</u> ~	· · · · · · · · · · · · · · · · · · ·
	POMPANO BEACH, FL	A		
	33062		A STATE	<del></del>
				<del></del>
Name and Tit	le:	Name and Title	:	
Address		Address:		
Name and Tie	la:	Name and Tiste.		
Ivaine and III	le:	Name and Title:	' <u></u>	
Address		Address:		
		<u></u>		



Name and	! Title:	Name and Title:	15 MAR 12 AM 8: 48
Address		Address:	
, iddress			SECRETARY OF STATE TAILAHASSEE, FLORIDA
		<del></del>	
ARTICLE VI	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	COLETTE MAKENIAN	<del></del>	
Address:	2572 SE 124 ST.		
	POMPANO BEACH 3306	<u>2</u>	
ARTICLE VII	INCORPORATOR		
The name and add	dress of the Incorporator is:		
Name:	COLETTE MAKENIAN	_	
Address:	2572 SE 1244 ST.	_	
	POMPANO BCH. FLA 330	062	
this certificate, I a	ed as registered agent to accept service of proce on familiar with and accept the appointment as re	egistered agent and agree	orporation at the place designated in to act in this capacity
	Required Signature/Registered Agent		2 · 26 · 15
	Required Signature/Registered Agent	/	Date
I submit this docu document to the D	ment and affirm that the facts stated herein ar epartment of State constitutes a third degree felo	e true. I am aware that t	the false information submitted in a 17.155, F.S.
( o.e.	Required Signature/Incorporator		2.26.15
	Required Signature/Incorporator  COLETTE MA	KENIAN	Daic