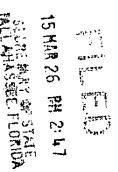
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COVER LETTER

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

Struna Law Firm, P.A. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 □ \$78.75 **\$78.75** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

OM:	Daniel Struna
J1 41.	Name (Printed or typed)
	15701 HWY 50, Suite 204
	Address
	Clermont, FL, 34711
	City, State & Zip
	321-917-8949
	Daytime Telephone number
	dpstruna@gmail.com
	E-mail address: (to be used for future annual report notification)

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)

Principal office Principal street address Front, FL, 34711		Mailing address, if different is:	
•	the corporation is organized is: law and all other activities p	ermitted under ap	olicable law.
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ICLE IV SH umber of shares o	ARES 1000		2: 6 070 7
ICLE V IN	TIAL OFFICERS AND/OR DIRECTO	RS Name and Title:	<u> </u>
ICLE V IN	TIAL OFFICERS AND/OR DIRECTOR Daniel Struna - P 15701 HWY 50		<u> </u>
ICLE V IN	<i>tial officers and/or directo</i> _{e:} Daniel Struna - P	Name and Title:	<u> </u>
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR Daniel Struna - P 15701 HWY 50 Suite 204	Name and Title: Address:	プE F
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR Daniel Struna - P 15701 HWY 50 Suite 204 Clermont, FL, 34711	Name and Title: Address: Name and Title:	プE F
Name and Tite Address Name and Title	TIAL OFFICERS AND/OR DIRECTOR Daniel Struna - P 15701 HWY 50 Suite 204 Clermont, FL, 34711	Name and Title: Address: Name and Title:	ファン・ Coming Total
Name and Tite Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR Daniel Struna - P 15701 HWY 50 Suite 204 Clermont, FL, 34711	Name and Title: Address: Name and Title: Address:	DE S

Name and	l Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Daniel Struna	
Address:	15701 HWY 50, Suite 204	
	Clermont, FL 34711	
ARTICLE VII	INCORPORATOR	
The name and add	dress of the Incorporator is:	
Name:	Daniel Struna	
Address:	15701 HWY 50, Suite 204	
	Clermont, FL, 34711	
Having been nam this certificate, I a	ed as registered agent to accept service of process m familiar with and accept the appointment as reg	· · · · · · · · · · · · · · · · · · ·
-		March 33, 2015
	Required Signature/Registered Agent	Date
I submit this docu document to the D	ment and affirm that the facts stated herein are e epartment of State constitutes a third degree felony	rue. I am aware that the false information submitted in a a sprovided for in s.817.155, F.S.
<		11 / \ > .
	Required Signature/Interporator	March 3 2615

COVER LETTER

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