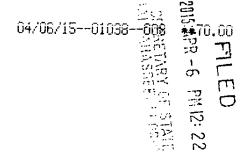
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(Requ	estor's Name)		
(Address)				
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(City/S	State/Zip/Pho	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Busin	ness Entity Na	ame)		
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions 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: Dev	il Ray Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	cicles of incorporation and	d 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	OPY REQUIRED
_{FROM:} <u>Ј</u> є	eremy Ray	e (Printed or typed)	
35	C 10th Ave.		
		Address	***************************************
Ke	ey West, FL. 330	40	
	City,	State & Zip	
30	5-304-2980		
	Daytime T	elephone number	
Je	remy_ray@hotn	nail.com	
	E-mail address: (to be use	d 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)

<i>article II - PR</i> 35C 10th A	INCIPAL OFFICE Principal street address	Mailing ad PO Box 5	ldress, if different is:
Kon Wed	ve. · Fi	Key West	
33040	FL.	33045	
			
The purpose for which	the corporation is organized is:	tersports Rentai	
· · · · · · · · · · · · · · · · · · ·			
	****	4-16-16-16-16-16-16-16-16-16-16-16-16-16-	2015
ARTICLE IV SH. The number of shares of	ARES 100	·····	FILEI AFR-6 P ORETABY D
ARTICLE V INI	TIAL OFFICERS AND/OR DIREC	<u>CTORS</u>	-6 NSS
ARTICLE V INI		CTORS Name and Title:	LED -6 PM 2: 7
ARTICLE V INI	TIAL OFFICERS AND/OR DIREC		-6 NSS
ARTICLE V INI Name and Titl	tial officers and/or direct. Jeremy Ray	Name and Title:	-6 NSS
ARTICLE V INI Name and Titl	tial officers and/or direct Jeremy Ray PO Box 5404	Name and Title:	-6 NSS
ARTICLE V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECT Jeremy Ray PO Box 5404 Key West, FL 33045	Name and Title:Address:	LED -6 PM 12: 22 ABY OF \$ FATE OF \$ SATE OF
Name and Titl Address Name and Title	Jeremy Ray PO Box 5404 Key West, FL 33045	Name and Title: Address: Name and Title:	ABY OF STATE
ARTICLE V INI Name and Titl Address	Jeremy Ray PO Box 5404 Key West, FL 33045	Name and Title:	ABY OF STATE ASSET TURNS
Name and Titl Address Name and Title	TIAL OFFICERS AND/OR DIRECT Definition of the Police of th	Name and Title: Address: Name and Title: Address:	ABY OF STATE
Name and Titl Address Name and Title	Jeremy Ray PO Box 5404 Key West, FL 33045	Name and Title: Address: Name and Title: Address:	ABY OF STATE ASSET TURNS
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECT Definition of the Police of th	Name and Title: Address: Name and Title: Address:	ABY OF STATE ASSET TURES.
Name and Title Address Name and Title Address	Jeremy Ray PO Box 5404 Key West, FL 33045	Name and Title: Address: Name and Title: Address: Name and Title:	ABY OF STATE ASSET TURES.

Name an	d Title:	Name and Title:
Address		Address:
		
ARTICLE VI	REGISTERED AGENT	
The name and F	orida street address (P.O. Box NOT accepta	ole) of the registered agent is:
Name:	Jeremy Ray	
Address:	35C 10th Ave.	
	33040	
ARTICLE VII	INCORPORATOR	
The name and ac	Idress of the Incorporator is:	
Name:	Jeremy Ray	
Address:	35C 10th Ave.	
	33040	
Having been nan this certificate, I	um familiar with and accept the appointment	rocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity 4/3/15
	Required Signature/Registered Agen	
,	/	
I submit this doc document to the l	ument and affirm that the facts stated hereio Department of State constitutes a third degree	n are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
(Levery Clan	4/3/15
/	Required Signature/Incorporator	Date