## P15 000032887

(R	equestor's Name)			
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(В	usiness Entity Nar	me)		
(D	ocument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:  K. Pritchard are pum to act  -P. A.				





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## COVER LETTER

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

SUBJECT: Kin	nberly L. Pritchar		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM: K	imberly Pritchard	I, Esq.	· .
18	374 Lakotna Driv	e	
		Address	
0	range Park, FI 32		
90	City, <b>)4-521-2512</b>	State & Zip	
	Daytime T	elephone number	<del> </del>
<u>k</u> p	oritchardesq@gn	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)

e name of the corporation			
	CIPAL OFFICE incipal street address	Maili	ng address, if different is:
874 Lakotna	- · · · · · · · · · · · · · · · · · · ·	1015 Atlantic Blvd #401 Atlantic Beach, FI 32233	
range Park,	FI 32073		
		<u> </u>	
TICLE III PURPO purpose for which the	ose corporation is organized is:	ey Services	}
		<u>.</u>	<b>2015</b>
		<u> </u>	- SA -
	<u> </u>		
			3: 5 3: 5
ETICLE IV SHAR			3: 50 MAIL
number of shares of sto	ock is:	· ·	
e number of shares of sto	ock is:	<del></del>	50
e number of shares of sto ETICLE V INITIA Name and Title:	ock is: <u> </u>	<b>S</b> Name and Title:	<b>50</b>
Name and Title:  Address	AL OFFICERS AND/OR DIRECTOR Kimberly L.Pritchard 874 Lakotna Drive	<del></del>	50
Name and Title:  Address	ock is: <u> </u>	Name and Title:	50
Name and Title:  Address	AL OFFICERS AND/OR DIRECTOR Kimberly L.Pritchard 874 Lakotna Drive	Name and Title:	<b>50</b>
Name and Title:  Address	AL OFFICERS AND/OR DIRECTOR Kimberly L.Pritchard 874 Lakotna Drive Orange Park, FL 32073	Name and Title: Address:	50
Name and Title:  Name and Title:  Name and Title:	AL OFFICERS AND/OR DIRECTOR Kimberly L.Pritchard 874 Lakotna Drive Drange Park, FL 32073	Name and Title: Address:  Name and Title:	50
Name and Title:  Name and Title:  Name and Title:	AL OFFICERS AND/OR DIRECTOR Kimberly L.Pritchard 874 Lakotna Drive Orange Park, FL 32073	Name and Title: Address:  Name and Title:	50
Name and Title:  Name and Title:  Name and Title:	AL OFFICERS AND/OR DIRECTOR Kimberly L.Pritchard 874 Lakotna Drive Drange Park, FL 32073	Name and Title: Address:  Name and Title:	50
Name and Title:  Name and Title:  Name and Title:	AL OFFICERS AND/OR DIRECTOR Kimberly L.Pritchard 874 Lakotna Drive Drange Park, FL 32073	Name and Title: Address:  Name and Title:	50
Name and Title:  Name and Title:  Address  Address  Address	AL OFFICERS AND/OR DIRECTOR Kimberly L.Pritchard 874 Lakotna Drive Drange Park, FL 32073	Name and Title:  Address:  Name and Title:  Address:	50
Name and Title:  Address  Name and Title:  Address  Name and Title:  Address	AL OFFICERS AND/OR DIRECTOR Kimberly L.Pritchard 874 Lakotna Drive Drange Park, FL 32073	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	50

Name and	Time:	Name and Title:
Address		Address:
		<del></del>
ARTICLE VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable) of the	ne registered agent is.
Name:	Kimberly L. Pritchard, Esquire	
Address:	1874 Lakotna Drive	
	Orange Park, FI 32073	
ARTICLE VII	INCORPORATOR	
The name and add	dress of the Incorporator is:	
Name:	Kimberly L Pritchard	
Address:	1874 Lakotna Drive	
	Orange Park, FI 32073	
Having been nam this certificate, I a	ed as registered agent to accept service of process form familiar with and accept the appointment as regis	or the above stated corporation at the place designated in tered agent and agree to act in this capacity
17	Required Signature/Registered Agent	<u> </u>
I submit this docu document to the D	ment and affirm that the facts stated herein are treepartment of State constitutes a third degree felony	ue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
	Required Signature/Incorporator	3\3\\15 Date