## P15000033642

(Re	questor's Name)	
(Ad	dress)	<del></del>
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(Cit	y/State/Zip/Phone #)	<del></del>
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
		Status

Office Use Only

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## **COVER LETTER**

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

SUBJECT:	RAY'S Odd Lob (PROPOSED CORPORA	Epwice	
	(PROPOSED CORPORA	ATE NAMÉ – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles 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	PY REQUIRED
	ISRACL HENR		
	NOG LAGA WA	Address	
**	TALLA hASCGE City	FC. 32311 State & Zip	
_8_	950 - 575 - 185 Daytime 7	Celephone number	
	RAYS Odel Jobs E-mail address: (10 be use	d for future annual report	om 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)

ame of the corpora		s ald Jeb		
ICLE II PRI	Principal street address		Mailing address, if different is:	
106 luq Allahassi	ee, Fl			
ICLE III PUR urpose for which	the corporation is organized is:	IN AUC	All 4	murull
umber of shares o		DIRECTORS		15 APR 14 SEUNE INF
umber of shares o	f stock is: LOD 70  TIAL OFFICERS AND/OR I	<b>DOUR</b> Name and T	itle:	15 APR 14 RM
umber of shares o	f stock is: 100 70	Name and T	itle:	15 APR 14 BH 4: DE SEUNE TARY OF STATE TALLAHASSEE FLORIDA
umber of shares o  ICLE V IN  Name and Tit  Address	TSTOCK IS: LOW 70  TIAL OFFICERS AND/OR  IC: ISPAR! HONRY SR  4060 PENRIO FE	Name and T Role Address:		P
umber of shares o  ICLE V IN  Name and Tit  Address	TIAL OFFICERS AND/OR I IC: IERAR! HONRY SR 4060 PENRIO PO TALLA hASSAC, E	Name and T  Role Address:  2 3206  Name and T  Address:	Title:	P
Name and Tit  Name and Tit	TIAL OFFICERS AND/OR I	Name and T  Relation Address:  Name and T  Address:  Address:	Title:	<b>P</b>
Name and Tit  Address  Name and Titl  Address	TIAL OFFICERS AND/OR I	Name and T  Rel Address:  Name and T  Name and T  Address:	Title:	

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Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box	
Name: ISLABI HENRY.	TE DUNGE-PRESA
Address: 6106 laga 1 Tollakaesee,	eny
-Inlinkassec,	7 3×311
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	SERVE III
Name: Senel He	VRY FLORET
Name: Isenel Her  Address: 4060 peux  This haves	lefe ed.
Talapuses	18, El 322/s
Having been named as registered agent to according this certificate. I am familiar with and accept the	ept service of process for the above stated corporation at the place designated in e appointment as registered agent and agree to act in this capacity
(h. Oh)	1/1/16
Required Signature/F	Registered Agent Date
	cts stated herein are true. I am aware that the false information submitted in a
document to the Department of State constitute.	s a third degree felony as provided for in s.817.155, F.S. 4/14/15
Required Signature	/Incorporator Date