P15000034713

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

APR 1 6 2015

T. SCOTT



000271707780

04/14/15--01013--025 **87.50



COVER LETTER

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

SUBJECT:	owered by tr	incevalle	JINC.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00	\$78.75	□ \$78.75	₹ \$87.50
Filing Fee	Filing Fee	Filing Fee	-
Time Tee	& Certificate of Status	& Certified Copy	
	Commente of Status	a commod copy	& Certificate of
			Status
		ADDITIONAL CO	
FROM:	mark Pri		
	255 Evern		
	West Palm City	Beach, FL State & Zip	33401
	860 - 90 Daytime T	elephone number	
~	Lark prince	alleeaol.	Coal

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)

The name of the corp	oration shall be: Powered by	PrinceValle, I	inc.
ARTICLE II P	Principal street address	Mailing address, if differe	ent is:
2SS EVer	-nia street	4 same	
Suite 3	504		
west Pal	mBeach, FL 33401		,
ARTICLE III P	URPOSE th the corporation is organized is:	corporation is:	struct-
wed t	o operate as a p	rivately held e	+3+y,
_	d to follow and a	`	l l
	"laws and ruth		
	day types of b		
	ally those in th		
tarian	esearch, enterta	estor.	
ARTICLE IV S The number of shares	HARES of stock is: (さ つ o o c		
ARTICLE V I	NITIAL OFFICERS AND/OR DIRECTOR	s	<u> </u>
	itle: Mark PrinceValle	-	3 7 7
Address	255 Evernia Street	Address:	
	Suite 504		
	west Palm Reach, FL 3	3460 L	C/7 5787
Name and Ti	ile Mark PrinceValle	Name and Title: N/A	
Address	255 Evernia Street	Address:	
	Sulte 504		
	West Pala Beach, FL	33400 L	
Name and Ti	tle:Mark PrinceValle	Name and Title:	
Address	255 Evernia Street	Address:	
	suite 504		***
	west PaluBeach, FL	3340(

Name an	nd Title:	Name and Title:	
Address	S	Address:	
			-
ARTICLE VI	REGISTERED AGENT		
The name and Fl	lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Mark PrinceValle	-	
Address:	255 Evernia Street; 5	subte 504	
	West Palu Beach, FL	33401	
ARTICLE VII	INCORPORATOR		
The name and ac	ddress of the Incorporator is:		
Name:	Mark Prince Valle	-	
Address:	255 Evernia Street	sulte 504	
	West Palm Beach, F		
	ned as registered agent to accept service of proces am familiar with and accept the appointment as re		
	Required Signature/Registered Agent		4/11/18
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felot		ormation submitted in a
_	Required Signature/Incorporator		4(11(05
	Required Signature/Incorporator		Date

COVER LETTER

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

		,	1 a check for:
\$70.00	\$78.75	\$78.75	1 \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		1	Status
		ADDITIONAL CO	PY REQUIRED
22.01	1. 5		
FROM:	Mark Pri	<u>ncevalle</u>	
FROM:		e (Printed or typed)	
FROM:	Nam 255 Evern	e (Printed or typed)	Suite504

SUBJECT: Powered by PrinceValle, Inc.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

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

E-mail address: (to be used for future annual report notification)

860-961-8298
Daytime Telephone number