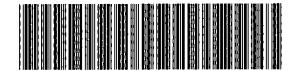
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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	MAIT.	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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INVISION OF GORFORATION

(M) KK

COVER LETTER

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

SUBJECT:	CAUSEWAY CORPORA	ab trap	INC.
	(PROPÓSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l 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
FROM:		(Printed or typed)	
	8224 Cans	eway Blva	<u>, </u>
	Tumpa F1.	336 19 State & Zip	
	(813) 446 - Daytime Te	- 12 41	
	F-mail address: (to be used		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)

The name of the corpora	ME ation shall be: Cau Se Way	crab tr	ap inc.
	(NCIPAL OFFICE) Principal street address		dress, if different is:
8224	Causeway Blvd.		質点 み
Tamali	Causeway Blvd. Fl. 33619		
- rawipu	7		%
ARTICLE III PUR The purpose for which the	PPOSE the corporation is organized is:	ell Seafo	od os so
The number of shares of ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR	s dent Name and Title:	
Address .	Blud Tampa F1. 33619	·	
Name and Title	:	Name and Title:	
Address			
71001000			
		· · · · · · · · · · · · · · · · · · ·	· ·
Name and Title	:	Name and Title:	
Address		Audress:	

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NO		
Name: Blanca Her	11/	
Address: 8224 Cause Tampa Fl. 3	way Blud.	IS HAY -5
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		0 9 9 5 S
Name: Blanca He	nry	सम ह
Address: <u>8224</u> Caus	ieway Blud.	
Name: Blancy He Address: 8224 Cous Tunga Fl.	33619	
Having been named as registered agent to accept so this certificate, I am familiar with and accept the ap		
Blowco Ary Required Signature/Regis	stered Agent	5/5/15 Date
I submit this document and affirm that the facts st document to the Department of State constitutes a th	tated herein are true. I am aware that the fa	ulse information submitted in a 5, F.S.
Blan Coller Required Signature/Inc	orporator	5/ 5 /15 Date
	•	