P15000040987

(Requestor's Name)				
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PICK-UP	MAIT WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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DIVISION OF COMPONATION

205/07/15

COVER LETTER

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

(PROPOSED CORPOR	HRCHITECTURE ATE NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u>)
nd one (1) copy of the a	ticles of incorporation and	d a check for:
ing Fee	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED	
	\$78.75 ling Fee Certificate of Status	ing Fee Certificate of Status Filing Fee & Certified Copy

FROM: CHRISTIAN THOMAS Name (Printed or typed)
935 TOWN HALL AVE #2
JUPITER FL 33458 City, State & Zip
561-768-9623
Daytime Telephone number
mary a Christian Hamasine. Com (E-mail address: (to be used for future annual report notification)

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:	HRISTIAN	THOMAS	HRCHITEC:	TURE, IN
ARTICLE II PRINCIPAL OFFICE Principal street ad	dress		Mailing address, if did	ferent is:
935 TOWN HALL AV	E#2		SAME	
JUPITER, FL 3345	58			
ARTICLE III PURPOSE The purpose for which the corporation is o	rganized is: NEU	CORPO	RATION	
	r trade alle			
				SECR DIVISIO
			•	17 NET TO THE TOTAL TO THE TOTA
	~			1 COXE
				<u> </u>
				1 3
Name and Title: CHRIST	AND/OR DIRECTOR AN THOMAS PR	ame and Title	э:	
	FL 33458			
Name and Title:		Name and Title	2:	
Address		_ Address:		
		- -		
Name and Title:		_ Name and Title	e:	
Address		_ Address:		
		-		

name an	d fille:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The name and Fl	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	CHRISTIAN THOMAS		
Address:	935 TOWN HALL AUE #2		UIVIS 15
	JUPITER FL 33458		SION (
	•		- 97AR
ARTICLE VII	INCORPORATOR		14.
The name and ad	dress of the Incorporator is:		4
Name:	CHRISTIAN THOMAS		₽ ₹
Address:	935 TOWN HALL AVE	=#3	
	STUPITER, FL 33458		
Having been nan this certificate, if	// yed as registered agent to accept service of process am familiar with and accept the appointment as regi	for the above stated corpo stered agent and agree to d	ration at the place designated in act in this capacity
M = M			14-27-15
<i>U</i>	Required Signature/Registered Agent		Date
I submit this doc document to the I	// ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	rue. I am aware that the j as provided for in s.817.1	false information submitted in a 55, F.S.
//N			V 4-27.15 Date
00	Required Signature/Incorporator		Date