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COVER LETTER

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

SUBJECT:	OlIWK AND (
	(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	a check for:
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Jupiter City, 561-262 Daytime T	A Su, to F Address $FL = 33$ State & Zip	

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

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

ARTICLES OF INCORPORATION

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

The name of the corporati	on shall be:	e and Grea	y Inc.	
ARTICLE II PRINCI	Principal street address	1	Mailing address, if different is:	
947 ALT A11	4 So. te F FC 33477			_ _
Jup 1 Tex	FC 33477			_
ARTICLE III PURPO. The purpose for which the	SE e corporation is organized is: We always and 14	Terior dese	jn	
			20 15	
,	tock is:	· 	HARTH ANTI- OH CANASSEEL FLORID	
	JUMCDONALD P. 947 ALT ALA S.			_ _
Name and Title:_ Address _				
Name and Title:_ Address		Name and Title:		_
-				_

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O	Box NOT acceptable) of the registered agent is:
Name: JDMcI)ond	1d
Address: 947 A-17	TIA Solte F
Jupiter .	11A Suite F 2 FC 33477
ARTICLE VII_INCORPORATOR	
The <u>name and address</u> of the Incorporator i	
Name: JOMC	Donald
Address: 947 AC	TAIA SUITEF
Jug ite	Donald TAIA SUITE F N. FZ. 33477
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filin	g:(OPTIONAL)
(If an effective date is listed, the date mu days after the filing.)	t be specific and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does the document's effective date on the Depart	not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
Having been named as registered agent to	accept service of process for the above stated corporation at the place designated in of the appointment as registered agent and agree to act in this capacity
Ma do	
Required Signatu	re/Registered Agent 5/10/15 Date
	facts stated herein are true. I am aware that the false information submitted in a
document to the Department of Stafe consti	tutes a third degree felony as provided for in s.817.155, F.S.
Mul	5/10/15
Required Signature/Incorporato	Date