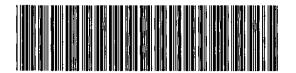
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PICK-UP	☐ WAIT	MAIL
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Ocalification (Co. 1)	0 177 1	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TALLAHASSLE FLORIDA

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## **COVER LETTER**

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

SUBJECT:	Blanca Green		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u> )
Enclosed are an orig	ginal 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  ADDITIONAL CO	Certified Copy & Certificate of Status
FROM:	Blanca Greens	Stein (Printed or typed)	
_1	4559 Drafthorse	lone	
_\_	Nellington, FL City,	33 中 4 State & Zip	
<u>S</u> (	51 779 S283 Daytime Te	elephone number	
_0	greenstein 71 Cc E-mail address: (to be used	Imail. com Jor future annual report r	otification)

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)

ARTICLE I NAME	90 1		PA	
The name of the corpora	tion shall be: <u>Blanca</u>	rreenste in	1.17	
ARTICLE II PRINC	CIPAL OFFICE Principal street address	N	Aailing address, if different is:	
14559 Dr	afkhorse lone , FL 33414			
Wellington	PL 33414			
<u>ARTICLE III PURPO</u>	DSE he corporation is organized is:	an practise		
<del> </del>			ಚ	
			JUN 26	25
41.			26	182
The number of shares of	stock is: 100		An in oo	FLORIDA
	<u> IL OFFICERS AND/OR DIRECTORS</u> :: Blanca Greenstein			<b>~2</b> ,
	14559 Orafthorse la			
	Wellington, FL 334	<u></u>		
Name and Title:		Name and Title:_		
Address		Address:		
Name and Title:		Name and Title:		
Address		Address:		

Address: 14559 [		ie) of the register	ed agent is:	
The name and Florida street address  Name:  Address:  14559	(P.O. Box NOT acceptable)  Greenstein  ) roof thanke lo		ed agent is:	
The name and Florida street address  Name:  Address:  14559	(P.O. Box NOT acceptable)  Greenstein  ) roof thanke lo		ed agent is:	
The name and Florida street address  Name:  Address:  14559	(P.O. Box NOT acceptable)  Greenstein  ) roof thanke lo		ed agent is:	
The name and Florida street address  Name:  Address:  14559	(P.O. Box NOT acceptable)  Greenstein  ) roof thanke lo		ed agent is:	
Address: 14559 [	)rafthorse lo	<u>LOE</u>		
Address: 14559 S	)rafthorse lo	une +		
Wellmak	10, FC 3341C	<u>*                                    </u>		
	,			
J				
ARTICLE VII INCORPORATOR				
The name and address of the Incorpor	ator is:			
Name: Alan	meenstein			
Address: 14559	Orafthorse la	<b>-</b> Ω&		
Welling	ton, FC 3341	<u>L</u>		
ARTICLE VIII EFFECTIVE DATI	E:			
Effective date, if other than the date of If an effective date is listed, the date lays after the filing.)	filing:			
Note: If the date inserted in this block the document's effective date on the D			ng requirements	s, this date will not be listed
Having been named as registered age	nt to accept service of pri	ocess for the abo	ve stated cornor	ation at the place designates
his certificate, I am familiar with and				
Blo	Insurance Agent		_	6/22/15
Required Si	anature/Registered Agent			Date
submit this document and affirm th ocument to the Department of State c				
Required Signature/Incorpo	Sneanstein			blaz 115

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