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☐ PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Ξ.	ac,		
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Certified Copies	Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:		
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## **COVER LETTER**

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

SUBJECT: D	ynasty Sport	ts Wear Ir	C.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an or	riginal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: _	Rodney Glo	Printed or typed)	non Jr.
	657 New	licht (L	urch Rd.
_	Crawforde City,	State & Zip	32327
_	850-363- Daytime T	1760 85	0-877-3224
_	rodne yneww	an 16 Wycl	noo. (om

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 corporation shall be: Oynu5+1 Sp(	irts wear Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
1508 Crawfordville Huy	1508 Crawfordville Huy
Crantordville Fla. 32327	1508 Crawfordville Huy Crawfordville Fla. 32327
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	·
	orial tec
shirts	
ARTICLE IV SHARES	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	President
	Name and Title:
Address 657 New light Church Crowfordville HLD	Address:
32327	
Name and Title: Clay E Dickey	الله المناسب المنتقلة المواقع المناقلة المواقع المناقلة المواقع المناقلة المواقع المناقلة المواقع المناقلة المواقع
Address 9431 n meridian Pd.	Address:
Tallahassee Flg. 3031,	
Name and Title: KULIVE IN LE NOLLMA	Varne and Title:
Address 657 Now UGHT	Address:
Ch. Rd.	
C'MIR E (3032	+7

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	OT acceptable) of the registered agent is:
0	uma Jr.
Address: 657 New 1/g	e fle 32327
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Redicy G1	Van- J. C.
Address: 657 Now 1.  Crawbord.!	1c fle 32227
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be spedays after the filing.)	. (OPTIONAL) ecific and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not me the document's effective date on the Department of	et the applicable statutory filing requirements, this date will not be listed as State's records.
Having been named as registered agent to accept s this certificate, I am familiar with and accept the ap	service of process for the above stated corporation at the place designated in oppointment as registered agent and agree to act in this capacity
Required Bignature Regis	stered Agent Date
I submit this document and affirm that the facts s document to the Department of State constitutes a t	tated herein are true. I am aware that the false information submitted in a hird degree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	Date Date