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(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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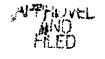
COVER LETTER

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

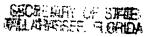
<i>H</i>	1550C.			
SUBJECT: THE BEST (PROPOSED CORPORAT	A CORPORA	ATION IDESLIFEIX		
(Thot obline continue)	E MANIE - MOST MODE	SOLITAN)		
Enclosed are an original and one (1) copy of the artic	les of incorporation and	a check for:		
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
Į.	ADDITIONAL CO	PY REQUIRED		
BODS Jean A	063) Ilephone number	6 99 19 SE	15 9EP -2 AHII: 50	FIED

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





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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2015

ANTHONY MOWATT 2628 JEAN MARIE COURT FORT MYERS, FL 33916

SUBJECT: THEE BEST CORPORATION, LLC

Ref. Number: W15000057984

We have received your document for THEE BEST CORPORATION, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

The Certificate of Conversion must be signed by an authorized person.

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 815A00018438

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

THE DEST A COLPORATION ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is:	
Principal street address Mailing address, if different is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is:	質させない
Fort Nyers Flc. 33714 ARTICLE III PURPOSE The purpose for which the corporation is organized is: TRUNKINGS ARTICLE IV SHARES The number of shares of stock is:	PRIDA
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The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: Vice Monati / VP Name and Title:	
Address Address:	
FORT Myers, Fla	
33916	
·	
Name and Title: Name and Title:	
Address Address:	
Name and Title: Name and Title:	
Address: Address:	



Name and Title:	Name and Title:	15 9FP -2 AMH: 50
Address	Address:	RILANCEET FLORIDA
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acce	ptable) of the registered agent is:	
Name: Anthony Month		
Address: 2628 Jan Marie	Cor	
Fort Myers, Fla 33	9LP	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: Anthoy Monk	T	
Address: 2028 Jan Man	ie cet	
Name: Anthoy Moure Address: 2628 Jan Man Fort Myers Cla	379C	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific ar days after the filing.)	3rd 2015 (OPTIONA ad cannot be more than five busin	NL) ness days prior or 90 business
Note: If the date inserted in this block does not meet the ap the document's effective date on the Department of State's		ents, this date will not be listed as
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointm		
97/26		9.2.15
Required Signature/Registered A	gent	Date
I submit this document and affirm that the facts stated he document to the Department of State constitutes a third deg		
Contraction of the		9.2.15
Required Signature/Incorporator		Date