## P15000072455

(Requestor's Name)				
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



600276426716

08/27/15--01029--003 \*\*70.00

TALLAHASSEE, FLORIDA
15 AUG 27 AH 11: 13

9/3 4

## **COVER LETTER**

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

SUBJECT: Or	UE FISH TWO (PROPOSED CORPORA	Fish Wes	ST IN CORPUR	
	(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	d a check for:	
\$70.00	<b>\$78.75</b>	\$78.75	<b>□</b> \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy		
		1	& Certificate of	
			Status	
		ADDITIONAL CO	DPY REQUIRED	
			_	
	_			
	700001	Masus		
FROM:	Name	Morrus e (Printed or typed)		
378 E GARDEN COVE CITCLE				
Address				
7222				
DAVIE F1 33325 City, State & Zip				
City, State & Zip				
9 4 424 672 7				
Ory 404 670 7  Daytime Telephone number				
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				

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)

	Principal street address	N	failing addı	ress, if different is:	
/	F1 33325		-m5		
ARTICLE III PURPO The purpose for which the	DSE  ne corporation is organized is:  AMY AMD A			Business	
				15 AUG	TALLAHA
ARTICLE V INITIA	ES stock is: 100  LOFFICERS AND/OR DIRECTORS  RAND/OR DIRECTORS			27 AM II: 13	- بيم
	378 EGANNALOWELL		-		
	DAVIE FI 33325				<del></del>
Name and Title:					
		<u> </u>			
		Name and Title:			
Name and Title:					

Name and Tit	le: Name	and Title:
Address	Addre	ess:
		<del></del>
ARTICLE VI REG	ISTERED AGENT a street address (P.O. Box NOT acceptable) of the reg	sistered agent is:
		istered agent is.
Name:	RAMALI MORRIS  18 E GARDEN LUCE CT.  DAVIE FI 33325	
Address:	718 E GAFDEN COSE (1	
	DAVIE PI 3336;	
ARTICLE VII INC	<u>ORPORATOR</u>	
The name and addres	s of the Incorporator is:	
Name:	RAMONII MOTTI	
Address:	RAMAN MORRI) 378 E GARANCONCCI.	
	DAUC FT 33325	
ARTICLE VIII EFI	FECTIVE DATE:	
Effective date, if other	than the date of filing:s listed, the date must be specific and cannot be mo	(OPTIONAL)
days after the filing.)		the than five business days prior of 20 business
	rted in this block does not meet the applicable statutor ve date on the Department of State's records.	y filing requirements, this date will not be listed as
Having been named a this certificate, I am fa	s registered agent to accept service of process for the uniliar with and accept the appointment as registered	above stated corporation at the place designated in agent and agree to act in this capacity
, , , , , , , , , , , , , , , , , , ,		8/25/15
	Required Signature/Registered Agent	Date
	of and affirm that the facts stated herein are true. I	
document to the Pepa	rtment of State constitutes a third degree felony as pro	
		8/2 r/1) Date
Kequited S	ignature/Incorporator	Date