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

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SEP 0 9 2015 W PAINTER

COVER LETTER

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

of the articles of incorporation a	nd a check for:
	& Certificate of Status
ADDITIONAL C	OFT REQUIRED
Name (Printed or typed)	
Address	
	× S
City, State & Zip 407-519-1193	
Daytime Telephone number	71 de 1
	Filing Fee & Certified Copy ADDITIONAL C Name (Printed or typed) Address City, State & Zip Daytime Telephone number

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)

	<u>CIPAL OFFICE</u> Principal <u>street</u> address		Mailing address, if different is:
Boat Cove Circle	F		
immee, Florida 347	746		
ICLE III PURPO	DSE he corporation is organized is:	ny lawful business activi	ty.
		:	·
UCLE IV SHARE umber of shares of CLE V INITIA	stock is:	RS	
umber of shares of	stock is: L OFFICERS AND/OR DIRECTOR	RS Name and Title	Larry Bassett, Vice President
umber of shares of CLE V INITIA Name and Title	stock is:	Name and Title	Larry Bassett, Vice President
umber of shares of	L OFFICERS AND/OR DIRECTOR Larysa Bassett, President	RS Name and Title Address:	
umber of shares of CLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTOR Larysa Bassett, President 2810 Boat Cove Circle	Name and Title	2810 Boat Cove Circle
umber of shares of CLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTOR Larysa Bassett, President 2810 Boat Cove Circle	Name and Title	2810 Boat Cove Circle Kissimmee, Florida 34746
umber of shares of CLE V INITIA Name and Title	Larysa Bassett, President 2810 Boat Cove Circle Kissimmee, Florida 34746	Name and Title Address:	2810 Boat Cove Circle Kissimmee, Florida 34746
umber of shares of CLE V INITIA Name and Title Address	Larysa Bassett, President 2810 Boat Cove Circle Kissimmee, Florida 34746	Name and Title Address: Name and Title	2810 Boat Cove Circle Kissimmee, Florida 34746
Umber of shares of CLE V INITIA Name and Title Address Name and Title:	Larysa Bassett, President 2810 Boat Cove Circle Kissimmee, Florida 34746	Name and Title Address: Name and Title	2810 Boat Cove Circle Kissimmee, Florida 34746
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Umber of shares of CLE V INITIA Name and Title Address Name and Title: Address	L OFFICERS AND/OR DIRECTOR Larysa Bassett, President 2810 Boat Cove Circle Kissimmee, Florida 34746	Name and Title Address: Name and Title: Address:	2810 Boat Cove Circle Kissimmee, Florida 34746
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Umber of shares of CLE V INITIA Name and Title Address Name and Title: Address	L OFFICERS AND/OR DIRECTOR Larysa Bassett, President 2810 Boat Cove Circle Kissimmee, Florida 34746	Name and Title Address: Name and Title: Address: Name and Title: Name and Title:	2810 Boat Cove Circle Kissimmee, Florida 34746

Name a	nd Title:	Name and Title:
Addres	ss	Address:
		<u> </u>
•		
ARTICLE VI	REGISTERED AGENT	•
The name and I	Florida street address (P.O. Box NOT accept	able) of the registered agent is:
Name:	Larry Bassett	
Address:	2810 Boat Cove Circle	This a
	Kissimmee, Florida 34746	
ARTICLE VII	<u>INCORPORATOR</u>	
The <u>name and a</u>	address of the Incorporator is:	
Name:	Larry Bassett	
Address:	2810 Boat Cove Circle	——————————————————————————————————————
	Kissimmee, Florida 34746	·
ARTICLE VIII	EFFECTIVE DATE: 09/01/2015	(0)77101111
(If an effective	f other than the date of filing:	cannot be more than five business days prior or 90 business
days after the fi	illing.)	cannot be more than five business days prior or 90 business
	e inserted in this block does not meet the app effective date on the Department of State's re	licable statutory filing requirements, this date will not be listed as cords.
Handar I		
this certificate, I	med as registered agent to accept service of am familiar with and accept the appointmen	process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
	2 Karutt	8/27/2015
7	Required Signature/Registered Age	ent Date
I submit this document to the	cument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the false information submitted in a see felony as provided for in s.817.155. F.S.
	/ X	8/27/2015
Danu	irod Signature/Incomorphics	
Requ	ired Signature/Incorporator	Date