PISCOCO 13545

(Requestor's Name)			
(Address)			
(Address)			
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bi	usiness Entity Nam	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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COVER LETTER

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

SUBJECT: <u>Pec</u>	COCMANCE Maste	C RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
	·		
Enclosed are an orig	ginal and one (1) copy of the	articles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
	0		•

FROM:	Larry Parks
	Name (Printed or typed)
	3945 West Pensacola St
	Address
	Tallahassee F 32304 City, State & Zip
	Ofty, State & Zip
	250 - 511 - 9604
	Daytime Telephone number
_	E-mail address: (to be used for future annual report notification)
	Imail address: (to be used for tuture 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)

The name of the corporat	tion shall be:	Yectorma.	nco Mas	ter In	2 <i>C</i> .
ARTICLE II PRINC	CIPAL OFFICE	·		Mailing address, i	
Tallahussee					
ARTICLE III PURPO The purpose for which the	DSE he corporation is or	ganized is:	+ electron	ic repair	and
a side that	t pertoi	ems lan	n care or	f basic	work.
		Manager 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			15 SE
				•	<u> </u>
					P
					1:30
ARTICLE IV SHARI The number of shares of	ES stock is: /UO				**
		O/OR DIRECTORS			
Name and Title	: Larry le	arks	Name and Title	E CEO	
Address	1415 h.	Orange,	Ave Address:		
	Tallahassee	, FL , 3231	0		
	Eddie	as Ker			
Name and Title:		γ · · · · · · · · · · · · · · · · · · ·	Name and Title		<u> </u>
Address	1415 N	. Orang: Av	Address:		
	_Tallahuss	eq FL, 33	13/0		
				. —————	
Name and Title:			Name and Title	e:	
Address			Address:		

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of	of the registered agent is:
Address: 1415 W. Orange Ave	-
Tallahassee, FL, 32310	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Larry Parts	
Address: 1415 W Mance Ave	- R
Address: 1415 W Gange Ave Tallahassee/ FZ 32310.	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot days after the filing.)	(OPTIONAL) ot be more than five business days prior or 90 business
<u>Note:</u> If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	
Having been named as registered agent to accept service of proces this certificate, I am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
Harry full	9/9//<
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felo.	
	1. 1.
Parity Side World	
Required Signature/Incorporator	Date