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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies		
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:		WILLDOW TIME	
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u> L	JDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	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 PY REQUIRED
FROM:		M. Keel C ne (Printed or typed)	
	_	APALAUHET PK Address	WY
		HABEE FL.	32711
	•	70 - 214 - OS =	+1
		t @ gmaul . com	

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)

ARTICLE I The name of the co	NAME orporation shall be:	157	place	winom	TINTIN	6 CO.	
ARTICLE II	PRINCIPAL OFFICE Principal street add APACHUKT		mut	Mai ·	iling address,	if different is:	
- AHONA	HASSEE, PL						
ABM	D2711						
ARTICLE III The purpose for w	PURPOSE hich the corporation is org	ganized is: _	OPERA	PTE AS	AW	inoun	
	TIMI	16 /5	CAR	ACCESSE	nales_	moun mantry	
			41.1				
		·					
ARTICLE V	SHARES ares of stock is: INITIAL OFFICERS ad Title:	AND/OR I		 Name and Title:		SECHETHATI OF ST TALLAHASSEE, FLO	64 :11 HV 1- NON SI
Address	2040 10		PRWY	Address:	· ,	最高	5
Address	TRUATA	 					
	32311			_			
Name an	d Title:		1	Name and Title:		6-7-8-Ref	
Address			<u></u> .	Address:		• • • • • • • • • • • • • • • • • • •	.
				_			
Name an	d Title:			Name and Title:_			
Address	<u></u>			Address: _			
				_			

Name and 11	rvaine and ride.	
Address	Address:	
	EGISTERED AGENT la street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	LADY KEELS	
Address:	3419 APPLACING PICKY	٠
	3419 APPLACITE PICNY TALVAHAGEE FL 32311	TASS S
	711	NO PLANT
ARTICLE VII II	VCORPORATOR	28年 「同義で
he <u>name and addre</u>	ess of the Incorporator is:	AM 11: 49
Name:	LADY Keels	TATE
Address:	3419 APPRUMULTET PKW/	75.
•	TANCAHASSUR Fr. 32311	
	as registered agent to accept service of process for the above stated corporation at a familiar with and accept the appointment as registered agent and agree to acc in this	
	Required Signature Registered Agent	Date
I submit this docum document to the Dep	ent and affirm that the facts stated herein are true. I am aware that the false info artment of State constitutes a third degree felony as provided for in s.817.155, F.S.	rmation submitted in a
•	Muls	11/14/2017
	Required Signature/Incorporator	Date Date