P15000	2966AS	
(Requestor's Name) (Address)	800279721758	
(Address) (City/State/Zip/Phone #)	12/04/1501005020 ***70.00	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	REC DEPARTA SUPERIOR SUFFICIEN	
Special Instructions to Filing Officer:	EVEN AND: 58 ACY OF FILING	
Office Use Only	HEC-L MID: 59	
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COVER LETTER					
Department of State New Filing Section Division of Corporat P. O. Box 6327 Tallahassee, FL 323					
SUBJECT:	SCIENTLY CORPORAT	ONNECTIONS ENAME - MUST INCLU	$T \cap C$ <u>De suffix</u>)		
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:		
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:	-	L Road \pm E FL, 3230 State & Zip $D \sim 2362$ Elephone number ereNiHQCI	Suite 704		

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

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	OF INCORPORATION er 607 and/or Chapter 621, F.S. (Profit)			
ARTICLE I NAME The name of the corporation shall be:	vity Connection	ONS INC		
ARTICLE II PRINCIPAL OFFICE 1320 Hendrix Road Suit	He 704 Mailing addres	Mailing address, if different is:		
TALLAHASSEE, FLORIDA 32301	<i>J</i>			
ARTICLE III PURPOSE The purpose for which the corporation is organized is: <u>CORPORATION is to</u> <u>ACTIVITY FOR Whit</u> <u>ORGANIZED IN The</u>	The purpose of engage in an h a corporation state of Flori	of the y lawfu l N MAY be da.		
		·		
ARTICLE IV SIIARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECT	TORS		under in Same in Angel and	
* Name and Title: PRESIDENT (CE	EO Name and Sitle:			
Address Derrick Blath 1320 Hendrix JALLA HASSEE	PERS Address: Road Suite FL, 32301		ţ	
Name and Title:	Name and Title:			
Address				
Name and Title:				
Address				

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Name and Title:	Name and Title:	
Address	Address:	
		· ·
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.	O. Box NOT acceptable) of the registered agent is: M = 1000 AC	
Name: 1220 Le	UNITIES UNIT POH	
Address: <u>ISOU HC</u>	ASSEE, FL SON 32301	
THUNDI	JJEE, PL/SER JOJU	
ARTICLE VII_INCORPORATOR		
The name and address of the Incorporator	ris:	
Name: Demick	Blathers	
Address: 1320 H	endrix Rd Unit 704	~
TALLA	HASSEE, FL 32301	
<u>ARTICLE VIII</u> <u>EFFECTIVE DATE:</u> Effective date, if other than the date of fili (If an effective date is listed, the date m days after the filing.)	ing: 12/12015 (OPTIONAL) sust be specific and cannot be more than five business	days prior or 90 business
Note: If the date inserted in this block do the document's effective date on the Depa	bes not meet the applicable statutory filing requirements, a artment of State's records.	this date will not be listed as
	o accept service of process for the above stated corporat cept the appointment as registered agent and agree to act	
Render C	lather	12/4/15
Required Signa	ature/Registered Agent	Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ese Required Signature/Incorporator $\overline{\mathcal{M}}$

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12 Date
