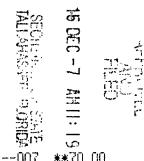
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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(00	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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DEPARTMENT OF STATE

14

COVER LETTER

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

SUBJECT:	Seminole ALLO (PROPOSED CORPORAT	Repair of ENAME-MUSTINCLI	Tallahassee JDE SUFFIX	# Inc.		
Enclosed are an original and one (1) copy of the articles 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	& Certificate of Status			
FROM: Frank Bong Name (Printed onlyped) 316 Capital Circle NE #3						
Tallahassee, FL 32308 City, State & Zip Daytime Telephone number						

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE II PRINCIPAL OFFICE Principal street address	f	Repair of Tarlahassee Inc. Mailing address, if different is:	
189 Capital Circle S.2 Ulchasser. FC 3230			
CLE III PURPOSE arpose for which the corporation is organized in	A 1 + - t	purpose	
			-
			. <u></u> .
CLE IV SHARES umber of shares of stock is: (OC)		SECHTAL TALLAHAS	750 PK
CLE V INITIAL OFFICERS AND/OR DID Name and Title: 696 DU	RECTORS 19/05 Name and Title: Circle Standards:	SECTIONS CONTROL TABLE	16 DEC -7 AH 11: 18
Name and Title: Name and Title: Name and Title:	President Iglas President Name and Title: Circle Standdress: C 3230/ Name and Title:		DEC -7 AH 1: 18
Name and Title: Name and Title: Name and Title:	RECTORS 1910 S Name and Title: Circle S Address: C 3230/ Name and Title:	5. S.	DEC -7 AH 1: 18



16 DEC -7 AH 11: 19 Name and Title:_____ Name and Title:____

Address	Address:	TALLAHASSEF CORICA
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box No.	OT acceptable) of the registered	agent is:
Name: Frank Rong		
Address: 316 Capitrol Co	wh No#3	
Tallohasse RI	32308	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name:	as	
Address: 1789 Caph	al circles.z.	
Tai/ahassee 1	EL 32301	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be spedays after the filing.)		OPTIONAL) n five business days prior or 90 business
Note: If the date inserted in this block does not me the document's effective date on the Department of		requirements, this date will not be listed as
Having been named as registered agent to accept s this certificate, I am familiar with and accept the ap		
7		12/7/1
Required Signature/Regis	stered Agent	Date
I submit this document and affirm that the facts s document to the Department of State constitutes a ti		
/lea //ko/a/)	אותוני,
Required Signature/Incorporator		Date