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S. GILBERT

COVER LETTER

4".

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

SUBJECT:	dodilynn,	Inc		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PPY REQUIRED	
FROM:	Jodi Bol Name	ACYCY (Printed or typed)		
417 12th St W # 120				
Bradenton FL 34205 City, State & Zip				
OHITO-4446 Daytime Telephone number				
	E-mail address: (to be use	3 Ogmail.C	OYY) 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)

ARTICLE I NAME The name of the corporat	ion shall be:	Lodilya	n.Inc.	#*************************************	16 JAN -6	
ARTICLE II PRINC	IPAL OFFICE Principal street ac S+ W	•		Mailing address, if	different is:	AMII: 21
# 120					· · · · · · · · · · · · · · · · · · ·	
Brodento	m FL 3	4205	*			
The purpose for which the	ne corporation is o		ny and Emerale		^	Qusiness UE, —
ARTICLE IV SHARE The number of shares of shares	stock is:	VD/OR DIRECTORS	- Office	<u>^</u>		
Name and Title	:Jodi L	. Bouche	Name and Title	e:		
Address	60814	MARM	Address:	,,,,		
	Brader	aton FL 32	1205			
Name and Title:			Name and Title	e:		
Address			Address:			
						
Name and Title:			Name and Title	E:	- Marine and a second a second and a second	
Address			Address:	 	····	
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Address	A	Address:		
				
	STERED AGENT Street address (P.O. Box NOT acceptable) of the SYNCHET SYNCHET SYNCHET SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGIES SYNCHOLOGI	e registered agent is:		
ARTICLE VII INCO	RPORATOR			
The name and address	of the Incorporator is:			
Name:	Jodi L. Boucher			
Address:	Loos 14th St W Brodenton Fl.3420	5		
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:				
	ed in this block does not meet the applicable state date on the Department of State's records.	tutory filing requirements, this date will not be listed as		
	registered agent to accept service of process for miliar with and accept the appointment as register.	r the above stated corporation at the place designated in ered agent and agree to act in this capacity		
	i L. Dachee Required Signature/Registered Agent	1-2-2016 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.				
Heavised Si	L. Locher	1-2-2016		

Name and Title:______ Name and Title:_____