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Special Instructions to	Filing Officer:			





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SECRETARY OF STATE

16 FEB -8 PH 5: 18





COVER LETTER

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

SUBJECT: W	IE Goresti	Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 COPY REQUIR		PY REQUIRED	
FROM:		(1 min or 1) p+u)	
	31189154	The E.	
	-	FC 342(9 State & Zip	
	727-	790-7651 elephone number	
	moresti	2909mail.	

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 corporatio		iki Inc	. 16 FEB -8 PM 5: 18
	CIPAL OFFICE rincipal street address Ave 5. CL 34219	Mailing	SECRETARY OF STATE address, it differentias of OFIDA
ARTICLE III PURPO The purpose for which the	OSE corporation is organized is:	ovance S	ales_
	ck is:(, OOO AL OFFICERS AND/OR DIRECTO	reedant	
Name and Title: 1	3118 91st Ave E Parnish, RC 342	Name and Title: Address:	



16 FE6 -8 PM 5: 15

Name and Title:	Name and Title:_	CE / 10 / 10 / 10 / 10 / 10 / 10 / 10 / 1			
Address	_ Address:	MILATIAGREE TI NOIDE			
	-				
	- 				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) o	feha registered gann	r io.			
Name: Michael Gorssi	i nie regisieren agen	115.			
Address: 3118 91st Ave E.	_				
ramsh, FL 34219	_				
ARTICLE VII INCORPORATOR					
The name and address of the Incorporator is:					
Name: Michael Govest	-				
Address: 3118 91 St Ave E.	_				
Parrish, PL 3949	_				
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity					
mis certificate, I am juntair with and accept the appointment as re	zotereu ugem umu u	2/4/16			
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 felor	true. I am aware t y as provided for in	hat the false information submitted in a s.817.155, F.S.			
Required Signature/Incorporator		Date			