| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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S. PRATHER

COVER LETTER

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

| OPOSED CORPORA | TE NAME – <u>MUST INCLI</u> | <u>ÜDE SUFFIX</u>) |
|----------------------------|--|--|
| e (1) copy of the art | icles of incorporation and | d a check for: |
| 5 ee icate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| l Foreman | (Deinted and and | |
| te Rd. #21 | | |
| e Heights, F | L 32656 | |
| 3-0519 | | |
| dforeman@gr | nail.com | notification) |
| | te (1) copy of the art To be icate of Status The Heights, Forty, City, 3-0519 Daytime To diforeman@gn | Filing Fee & Certified Copy ADDITIONAL CO ADDITIONAL CO ADDITIONAL CO ADDITIONAL CO Printed or typed) Address Add |

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

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

| | INCIPAL OPFICE Principal street address | 1 | Mailing address, if different is: | | |
|---|---|--|-----------------------------------|----------------|----------|
| 877 State Rd. | | | | | |
| eystone Heigh | its, FL 32000 | | · | | |
| TICLE III PUI | PPOSE to engage | in E-Commerc | e Petail of Co | peral Merch | andica |
| purpose for which | the corporation is organized is: to engage | III L-COMINIER | e retail of Ger | TICIAI IVICICI | iaiiuise |
| | | | | ಕ | BV. |
| | · / 257-144-1712 | | | FEB | 52.C |
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| | | | | ä | or. |
| number of shares of | | a | | | 16 |
| number of shares of | rial officers and/or director | | | | |
| number of shares of | stock is: 1000 | S Name and Title: | | | 7.7 |
| number of shares of TICLE V INI Name and Title | TIAL OFFICERS AND/OR DIRECTOR e: Leonard Foreman/President | Name and Title: | | | 77 |
| number of shares of TICLE V INI Name and Tith Address | Fistock is: 1000 FIAL OFFICERS AND/OR DIRECTOR e: Leonard Foreman/President 6677 State Rd. #21 | Name and Title: Address: | | | *** |
| number of shares of TICLE V INI Name and Tith Address | TIAL OFFICERS AND/OR DIRECTOR E: Leonard Foreman/President 6677 State Rd. #21 Keystone Heights, FL 32656 | Name and Title: Address: | | | |
| TICLE V INI Name and Title Name and Title | TIAL OFFICERS AND/OR DIRECTOR Leonard Foreman/President 6677 State Rd. #21 Keystone Heights, FL 32656 | Name and Title: Address: Name and Title: Address: | | | |
| TICLE V INI Name and Title Address Name and Title Address | TIAL OFFICERS AND/OR DIRECTOR E: Leonard Foreman/President 6677 State Rd. #21 Keystone Heights, FL 32656 | Name and Title: Address: Name and Title: Address: | | | |

| Name a | na i itie: | |
|--|---|---|
| Addres | | Address: |
| | | |
| 4 12 12 12 12 12 12 12 12 12 12 12 12 12 | | |
| The name and I | REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) | of the registered agent is: |
| Name: | Leonard Foreman | - |
| Address: | 6677 State Rd. #21 | |
| | Keystone Heights, FL 32656 | 6 FEF |
| ARTICLE VII | INCORPORATOR | FEB 25 P |
| The name and s | address of the Incorporator is: | 学 の |
| Name: | Leonard Foreman | PH 3: 83 |
| Address: | 6677 State Rd. #21 | |
| | Keystone Heights, FL 32656 | |
| | amed as registered agent to accept service of proce I am familiar with and accept the appointment as r | ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity |
| | Your Facom | 2/22/16 |
| | Required Signature/Registered Agent | Date |
| | | re true. I am aware that the false information submitted in a |
| | Required Signature/Incorporator | 2/22/16 Date |