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## **COVER LETTER**

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

nclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	i a check for:
\$70.00 Filing Fee	1/ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	Status NDV DEOLUBI

FROM: Christopher T. C Name (Printed or	(ruiksha	.K
2001 Bellevue	Wary	Apt. 32
Tallahassee FL City, State & Zip	32304	·
850-723-14	99	
Daytime Telephone nu  Ctc rukshark o  E-mail address: (to be used for future a	Damail, c	<u>sm</u>

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)

LET NAME ne of the corporati  LE II PRINCI		,						`
	Principal street	•		Mail	ling addres	s, if different i	is:	
101 Beller	rue Va	Apt.						
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Name and 110	·e;	Name and Title;	
Address		Address:	
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		,	
	<u>ISTERED AGENT</u> 1 street address (P.O. Box <b>NOT</b>	acceptable) of the registered agent is:	
			·
Add	OOL Ralli	1 32 304	
Address:	C II I E	1 20 200	
	Lallabussee, F	1 22 309	
ARTICLE VII INCO	<u> PRPORATOR</u>		
The name and address	s of the Incorporator is:		
Name:	Christopher T.	Cruiksharko	
Address:	2001 Rella	rue Way Apt.3 El 32304	2
7 (dai 033)	T. 11 1	E1 12204	_
	Jalla Massey	1.	
ARTICLE VIII - EFF	NECTIVE DATE:		
Effective date, if other	than the date of filing: _3 /	14/2016 . (OPTION	VAL)
(1) an effective date is days after the filing.)	isted, the date must be speci	fic and carnot be more than five bu	siness days prior or 90 business
Note: If the date inser	ted in this block does not meet	the applicable statutory filing requirer	nents, this date will not be listed as
the document's effective	ve date on the Department of St	ate's records.	
Having been named a	s revistered agent to accent ser	vice of process for the above stated co	rnoration at the place designated in
this certificate, I am fa	miliar with and accept the appo	pintment as registered agent and agree	to act in this capacity
Charles 6	war		3/4/2016
	Required Signature/Register	red Agent	Date
I submit this documen	at and affirm that the facts stat	ted herein are true. I am aware that i	the fulse information submitted in a
uocumeni io ine Depai M	tment of state constitutes a thir	d degree felony as provided for in s.81	7/.133, F.S.
Paguirad S	// ignature/Incorporator		3114/2016
required 5	ignical or most portion		Date