## P16000025188

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
WHO=14854			

Office Use Only



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MAR 2 1 2016 T. BROWN

## **COVER LETTER**

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

SUBJECT: Kun Nash-Lawley, PA				
•	(PROPOSED CORPORA	TE NAME - MUST INCL	<u>UDE SUFFIX</u> )	
Enclosed are an orig	rinal and one (1) copy of the arti	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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Kim Nash- 1750a Ble	Couley (Printed or typed)		
	Address  Lutz, FL 33549  City, State & Zip  813.833.73488			
	Daytime T	elephone number	Jhoo, Cam	

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



February 29, 2016

KIM NASH-LAWLEY 17502 BLESSED PLACE LUTZ, FL 33549

SUBJECT: KIM NASH-LAWLEY, PA

Ref. Number: W16000014854

We have received your document for KIM NASH-LAWLEY, PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 816A00004167

Teresa Brown Regulatory Specialist II

www.sunbiz.org

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

LE II PRINCIPAL OFFICE	in Nash-Lawley, PA
Principal street address	Mailing address, if different is.
502 Blessed P	Pace
utz FL 3364	9
CLE III PURPOSE	Roal Estate
rpose for which the corporation is organ	nized is: PRACOUNCE
CLE IV SHARES & A	
CLE IV SHARES mber of shares of stock is: 50	
mber of shares of stock is: 50	OP DIRECTORS
mber of shares of stock is: 50	• • •
The V INITIAL OFFICERS AND/O	and Title:
mber of shares of stock is: 50	• • •
The V INITIAL OFFICERS AND/O	e and Title:Address:
The V INITIAL OFFICERS AND/O	e and Title:Address:
The V INITIAL OFFICERS AND/O  Name and Title:  Address	e and Title:Address:
Name and Title:	Address:  Name and Title:
Name and Title:  Address  Address	Address:  Name and Title:  Address:
Name and Title:  Address  Address	Address:  Name and Title:  Address:
Name and Title:  Address  Address	Address:  Name and Title:  Address:
Name and Title:  Address  Address	Address:  Name and Title:  Address:

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name: Kun Nush Luule	1
Address: 17500 Blessed Pt	ace .
lutz, PL 33549	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Kum Nosh-lau	Xeu
17500 Blama	Plade
Address: 1 1000 1000 1000 1000 1000 1000 1000	Q
ung, Flas	71
ARTICLE VIII. RESECTIVE DATE:	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL)
(If an effective date is listed, the date must be specific and cannot days after the filing.)	be more than five business days prior or 90 business
•	and the other sections of the first section in
Note: If the date inserted in this block does not meet the applicable s the document's effective date on the Department of State's records.	tatutory filling requirements, this date will not be listed as
· ——	•
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as regi	
Men Il and The	-1/19/1/2
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are t.	rue. I am aware that the false information submitted in a
document to the Department of State constitutes a third legree felony	vas provided for in s.817.155, F.S.
- Helm Ham Thank	<u>M</u> 2119116
Required Signature/Incorporator	Date