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(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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(4.1.		··- ·			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
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Office Use Only

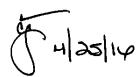


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SECRETARY OF STATE

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

SUBJECT: B	OAR J & PLANT PROPOSED CORPORA	c INE.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	ginal and one (1) copy of the art	cicles of incorporation and	d a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM:	PAULINE Name 1139 LAKE	Terry Di Address	r. #H	
	West PAI City,	·	·Fh 33416	
	941 328 Daytime T	-		
 -	E-mail address: (to be use	d for future annual report	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)

TLE I NAN	oration shall be:			7110	
			Z PARAK		10 1111 70 111
	NCIPAL OFFICE Principal street	t address		Mailing	address, if different is:
39 LAK	e Terry				festiliandershiring fi
	# 11		_		
ST PALA	Beach A	Ch. 334/1			
CLE III PUR	<u>POSE</u>		11.	Main	Capinap
rpose for whic	h the corporation i	is organized is:	HHOUDY	111471	Services
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		·			.
	IRES of stock is: /00	00			
LE V INIT	of stock is: /OC	AND/OR DIRECT			
mber of shares	of stock is: 100	AND/OR DIRECT	Son Name		
mber of shares	of stock is: 100	AND/OR DIRECT	Son Name		
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TLE V INIT Name and T Address Name and Ti	itle: PAULIN 1139 L WEST PA	AND/OR DIRECT AND/OR DIRECT AND EX AND BECK- ON DAN AKE Terry HH	Name DR Addre Addre Addre DY Addre	and Title:	Same
TLE V INIT Name and T Address Name and Ti	itle: PAULIN 1139 L WEST PA	AND/OR DIRECT ANDER A	Name DR Addre Addre Addre DY Addre	and Title:	Same
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Mer of shares TLE V INT Name and T Address Name and Ti Address	of stock is: 100 FIAL OFFICERS itle: PAULIN 1139 L WEST PA 1139 L WEST PA	AND/OR DIRECT ANDER ANDER AKE TETT H H OKM BECK- OSY DAN OKE TETT H OKM BERE	Name DR Addre LA-33411 Name DY Addre LA-33411 Name	and Title: and Title:	Same

Name and Tit	le: PAULINE ANDERSON	Name and Title:	
Address	1139 Lake Terry Dr.		
	#H		
	west PALM BERCH. FA	33411	
ARTICLE VI REG			
	a street address (P.O. Box NOT acceptable)	T T	
	PAYLINE ANDERSON		3 4
Address:	1139 Lake Terry DR # H	<u>/</u>	66 · · · · · · · · · · · · · · · · · ·
4	vest PALM BEACH. FA. 3	3411	78 TI
ARTICLE VII INC	<u>ORPORATOR</u>		
·	ss of the Incorporator is:		φ 20 (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Name:	PAULINE ANDERSON	_	. O
Address:	1139 Lake Terry DR	<u>#</u> #	
	PAULINE ANDERSON 1139 Lake Terry DR West Palm Bench Ch.	33411	
ARTICLE VIII EF	FECTIVE DATE:		
Effective date, if other	r than the date of filing:	. (OPTIONAL)	
days after the filing.)		not be more than live busines	s days prior of 90 business
	rted in this block does not meet the applicabive date on the Department of State's records	, ,	, this date will not be listed as
	ns registered agent to accept service of proce Camiliar with and accept the appointment as i		
x Fau	Required Signature/Registered Agent		x 4/13/16
	Required Signature/Registered Agent		Date
I submit this docume	nt and affirm that the facts stated herein a rtment of State constitutes a third degree fel	re true. I am aware that the fa	
_ X Pau	her ardisen		X 4/13/16
Required S	Signature/Incorporator		Date

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