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(Requestor's Name)				
(Address)				
(Address)				
(Cil	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

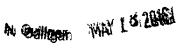




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SECRESSAY OF STATE
AN I AHASSEE FLORIDA



COVER LETTER

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

SUBJECT: ELL	OW, INC		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	d a check for:
☐ \$70.0 Filing Fe		Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Ellison Floward		
	Nam	e (Printed or typed)	
	700 SW 78 Ave, Apt 527		
-		Address	
	Plantation, FL 33324		
-	City	, State & Zip	
	919-280-2353		
•	Daytime	Felenhone number	

ellehoward@hotmail.com

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

E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME The name of the corpora			
ARTICLE II PRING 700 SW 78 Ave, Apt 52	Principal street address	Mailing ad	dress, if different is:
Plantation FL, 33324			
ARTICLE III PURPO	OSE he corporation is organized is:	ovide hiring consultations and solut	ions to businesses.
			ALL AT
			ASS - 1 PS - 1 P
			EFFLO ST
			RIDA F
Name and Title: Ellison Howard, CEO	AL OFFICERS AND/OR DIRECTO Ellison Howard, CEO 700 SW 78 Ave, Apt 527	Name and Title:	· · · · · · · · · · · · · · · · · · ·
	Plantation, FL 33324	Address:	
Name and Title		Name and Title	
Address			
Name and Title	-	Name and Title:	
Address		Address:	

Name a	nd Title:	Name and Title:
Addres	s	Address:
	REGISTERED AGENT	
Name:	Florida street address (P.O. Box NOT acceptab Ellison Howard	e) of the registered agent is:
Address:	700 SW 78 Ave, Apt 527	
	Plantation, FL 33324	TO HAY
ARTICLE VII	INCORPORATOR	ASSER
The name and a	ddress of the Incorporator is:	AM 11: 54 YOF STATE SEE FLORIDA
Name:	Ellison Howard	DRID RID
Address:	700 SW 78 Ave, Apt 527	₽.
	Plantation, FL 33324	
Effective date, if		. (OPTIONAL) Innot be more than five business days prior or 90 business
	e inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements, this date will not be listed as rds.
Having been na this certificate, I	med as registered agent to accept service of pro am familiar with and accept the appointment of	ocess for the above stated corporation at the place designated in s registered agent and agree to act in this capacity
		05/09/206
	tequired Signature/Registered Agent	Date
I submit this do document to the	Cument and affirm that the factor stated herein Department of State constitutes a third degree	are true. I pm aware that the false information submitted in a felony as provided for in s.817.155, F.S.
		05/09/2016
Requ	ired Signature/Incorporator	Date

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