P14000058520

(Requestor's Name)		
(Ad-	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
(D0	cument Number)	
Certified Copies		of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



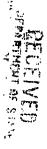
300287967433

07/18/16--01004--005 **87.50



16 JUL 18 AM 10: 44

SOLIO ANIO: 3



COVER LETTER

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

вивјест: <u>Д</u> и	stu and beujuc.			
	PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the art	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	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
			ADDITIONAL COPY REQUIRED	
	beylinings + Dus	Hy Edwards e (Printed or typed)		
5	5265 Water Valle	ey Dr.		
	Tallohassee, Flo	, radiesa		
	(850) 311-553 Daytime	S l'elephone number		
•	Living 12 38042400 E-mail address: to be use	. Covered 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)

265 Water Valley CX.	Mailing address, if different is:	
allahassene Fla 323x3		
	Same	
RTICLE III PURPOSE	C.1	
e purpose for which the corporation is organized is:	<u> </u>	
		
e number of shares of stort, is:	- •	
ne number of shares of stock is:	ne and Title:	:
RTICLE V INTUAL OFFICERS AND/OR DIRECTORS		
1 1 1		
Address SUS Wolfer Volky D. Address		Sec Con
Address State Stat	dress:	Sec Con
Name and Title: Description Address Name and Ti	n and Title:	TE AND
Name and Title: Day Fauth Load Address 535 Walkins Road Address Addres	n and Title:	15 KM 10: 4 L
Address Such is: Deg Living Director Nar Address Such Such Flow Address Such Flow Address Such Flow Such Flow Address Such Flow Such Flow Address Such Flow Such Flow Flow Flow Flow Flow Flow Flow Flow	n and Title:	
Address 535 Walkins Road Address 535 Walkins Road Address Addr	mand Title:	10: 4 · 0 · 0
Address 535 Watch Coad	dress:	

Name and Title:	Name and Title:
Address	Address:
	,
ARTICLE VIREGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name: Deglinion	
Address: 516 Waler Valley D.	
Tallahassee Fla. 37303	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Dusty Edwards	
Address: 535 Watkinsrd.	
Quincy, Fla 3235	5/
7,	<u> </u>
Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and can a clays ofter the filing.)	
The date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	statutory filing resourcements, this date will not be fisted as
Having been named as registered agent to accept service of process this certificate. I am familiar with and accept the appointment as reg	
Jan Luzar	7/10/16
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are	true. I am aware that the false information submitted in a
document to the Department of State constitutes a third degree felon	ty as provided for in s.017.155, r.s.
Required Signature/incorporator	