## P16000061078

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

Office Use Only



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## **COVER LETTER**

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

SUBJECT:/	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 CO		
FROM:	r iemo	e (Printed or typed)	ILESH MENTA	* 1 *
Will the street of	King Foo	Address 140	08 Solth Ada	mstreat
<del></del>	Tallhassee	State & Zip	32301	
	(516) - 528 Daytime T	P-U385 Telephone number		
	E-mail address: (to be use	a ostanine.  d for future annual report r	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) 16 LL 25 AM II: 18

T911h95  ARTICLE III PURPOS The purpose for which the	Principal <u>street</u> address  HN Adam Street  SEE, Flority-3	et Sar	TALLAHASSEE. FLORIDA ailing address, if different is:
Tally SARTICLE III PURPOSE for which the	see, Flori49-3		me
ARTICLE III PURPOS The purpose for which the	<u>SE</u>	1230)	
The purpose for which the	<u>5E</u>		
•	e corporation is organized is:		
Cigre#	es orna Ch	Beer, soda, Li Leck Cashina	otro sques, cigars y with Grocerle
		,	
ARTICLE IV SHARE. The number of shares of st  ARTICLE V INTEGAL  Name and Title:	Sinkis 1000 OF CERS AND/OR DIRECT	FORS Name and Title	president
Address	73 Daxtmord	A Drike Address:	
	Hickeville		
	rliesh men		
Address _	1408-Soump	Mary HAddress: _	
	Jall hause	F102149.3230) _	
-	, ,		
-	,		



16 里 25 科川: 18 Name and Title: Name and Title: Address ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ghassee, Florida -32301 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: 1408 South Alam street Tallahassee, Florisa-32801 Address: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 7/25/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five lessiness days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 7 125 1 2016 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 felony as provided for in s.817.155, F.S. 2/2/2016