P600062572

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

Maria

COVER LETTER

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

SUBJECT: EXCELLENT & ASSOCIATES, INC.							
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)				
Enclosed are an orig	ginal and one (1) copy of the arti	cles 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						
				_			
FROM:		CELLENT (Printed or typed)		16 JUL	SECRE		
	11822 STONEN	100D GATE	PR	-21	TARY 1988		
	RIVERVIEW F	Address 335	7-9	0 :01 144	E SIA		

understore

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

City, State & Zip

Daytime Telephone number

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)

The name of the corporation shall be: EXCELLEN	•				•
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing address	address, if different is:		
11822 STONEWOOD GATE DR	[3	13194 US CINERVIE	S HW>	/ 30	15,5UITE
RIVERVIEW FL 33579					578
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	ANY	LEGAL	PUR	Po	SE
	· · · · · · · · · · · · · · · · · · ·				
				<u> </u>	73EC
The number of shares of stock is: Compared to the number of shares of stock is:				L 21 AH 10: 08	ETARY OF STATE
pioma and Little: T.L. W.M. T.M. VIIIKYII	ryylu '' Nome and T	itle			
Address 11822 Stonewood (Riverview FL 33	Address:	itle:			
Address	Address:				
Address 11822 Stonewood (Riverview FL 33	Address: Safe Dr. S579 Name and T				
Address 11822 Stonewood (Riverview FL 33 Name and Title:	Address: Gafe Dr. S579 Name and T Address:	itle:			

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name: Frendy Excellent Ph.	^
Address: 11822 Stone wood Gate	
Riverview FL 33579	- LECKE
ARTICLE VII INCORPORATOR	2
The <u>name and address</u> of the Incorporator is:	7 6 10 :00
Name: Frency Excellent, Y	λ. Φ. 88 RATE
Address: 11822 Stonewood Gate	Dr.
Riverview FL 3357	-9
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot days after the filing.)	20/6 (OPTIONAL) of the more than five business days prior or 90 business
Note: If 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 requirements, this date will not be listed as
Having been named as registered agent to accept service of proces this certificate, I am familiar with and accept the appointment as re	gistered agent and agree to act in this capacity
	7/16/2016
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felo	true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.
Required Signature/Incorporator	Date