P16000063053

| (Requ | uestor's Name) | |
|----------------------------|----------------|--------------|
| (Addr | ess) | |
| (Addr | ess) | |
| (City/ | State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Doct | ument Number |) |
| Certified Copies | Certificate | es of Status |
| Special Instructions to Fi | ling Officer: | |
| | | |
| | | |
| , | | |





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07/13/16--01013--014 **87.50



COVER LETTER

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

| SUBJECT: | ARCHOR DOW | 7 DESCRIPTION COK | | | |
|-------------------------|---|---|--|--|--|
| | (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) | | | | |
| | | | | | |
| Enclosed are an ori | ginal and one (1) copy of the art | icles of incorporation and a check for: | | | |
| □ \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 \$\frac{1}{887.50}\$ Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED | | | |
| FROM: | ERIC WILLI | e (Printed or typed) | | | |
| | | AVEHUE N.E. | | | |
| _ | ST. PETERSB | State & Zip | | | |

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

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

Y77 - 0627

Daytime Telephone number

ARTICLES OF INCORPORATION

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

| ICLE II PRING | Principal street a | | | Mailing a | address, if o | different is: | |
|--|---|---|--|---------------|----------------|-----------------------------------|------------------------------|
| 199 54". PETERS | BJRG, F | JE N.E. | -3 | | | | |
| TICLE III PURPO purpose for which t | <u>OSE</u> he corporation is o | organized is: | T- 2016 | ५ ८ -ह | <u> د ۱</u> | BOTH | |
| Comme | ras A | P CAL | T- en 6. Derenda STATE | En L | lae | | |
| | | | | | | ASEC SEC | ompac in in in |
| | | | | | | | नुगरम्बद्धाः नुगरम्बद्धाः |
| | | | | | | 2007 - 40 | |
| | | 00 | | | | PH II: 09 | |
| number of shares of | stock is: | ND/OR DIRECTO | - | . , | | OF CAPIC OF CAPIC | |
| number of shares of TICLE V INITIA Name and Title | stock is:I LOFFICERS AN :: EQIC LA | ND/OR DIRECTOR | S(De TName and T | itle: | | OF STATE OF STATE PH II: 09 | i venerali di |
| TICLE IV SHARE e number of shares of TICLE V INITIA Name and Title Address | Stock is: | ND/OR DIRECTOR | Name and T | itle: | | PM II: 09 | 12000000 |
| number of shares of TICLE V INITIA Name and Title | Stock is: | ND/OR DIRECTOR | S(Dan)(Name and T M. E. Address: | itle: | | PM II: 09 | 1,000 |
| number of shares of TICLE V INITIA Name and Title Address | ST. PET | ND/OR DIRECTOR LA CTOT, PRO TM ALE. 1 ERSBJRG 337 | S(Den)(Name and T N.E. Address: | | | | |
| number of shares of TICLE V INITIA Name and Title Address | ST. PET | ND/OR DIRECTOR LA CTOT, PRO TM MIE. CRESBARG 337 | S(Dan)(Name and T M. E. Address: | itle: | | | |
| Name and Title: Name and Title: | Stock is: LOFFICERS AN ERIC LA IMAG S ST. PET | ND/OR DIRECTOR LA CTOT, PRO TM MIE. CRESBARG 337 | Name and T Address: Name and T Address: Address: | itle: | | 2 ^c 0 | |
| Name and Title Name and Title Address | Stock is: LOFFICERS AN ERIC LA IMAG ST. PET | ND/OR DIRECTOR LA CTOT, PRO TM MAE. 1 ERSBARG 337 | Name and T Address: Name and T Address: Address: | itle: | | 2°. 0 | |

| Name and T | 'itle:N | Jame and Title: |
|--|--|---|
| Address | A | Address: |
| | | |
| | | |
| ADTICLE VI DE | GISTERED AGENT | |
| \ | da street address (P.O. Box NOT acceptable) of the | e registered agent is: |
| Name: | ERIC LANCTET | LARE JE |
| | 1499 Sy TM AJENJE N. | |
| _ | ST. PETERSBURG, FL | 337-3 R T T T T T T T T T T T T T T T T T T |
| ARTICLE VII IN | <u>CORPORATOR</u> | |
| The name and addr | ess of the Incorporator is: | |
| Name: | ERIC LAJOTOT | |
| Address: | 1499 SHTO AJELJE | |
| | ST. PETERSBURG FL | 337-3 |
| ARTICLE VIII EXERTISE Effective date, if oth (If an effective date days after the filing | er than the date of filing:e is listed, the date must be specific and cannot be | . (OPTIONAL) e more than five business days prior or 90 business |
| | serted in this block does not meet the applicable state etive date on the Department of State's records. | autory filing requirements, this date will not be listed as |
| | as registered agent to accept service of process for familiar with and accept the appointment as registe | r the above stated corporation at the place designated in cred agent and agree to act in this capacity |
| | Required Signature/Registered Agent | 07/11/16 |
| Loubmit this docum | | I am among that the false information on the in- |
| document to the Dep | ent and affirm that the facts stated herein are true partment of State constitutes a third degree felony as | e. I am aware that the false information submitted in a sprovided for in s.817.155, F.S. |
| //\u | THE STATE OF THE S | 07/11/16 |
| Required | Signature/Incorporator | Date |