## P160001A682

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

Office Use Only



500288717425

08/08/16--01007--008 \*\*78.75

16 副25 -8 前1 8:44 15 AUS -8 AH II:4

## **COVER LETTER**

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

SUBJECT:	ichard Fo	In CONST	- INCA
	(PROPŌSEĎ CORPORA	TENAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	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
FROM:	Richard 1030 Fie	e (Printed or typed)  Address	DN1

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

Me/bourse, Fl. 32940

321 752 956/
Baytime Telephone number

## ARTICLES OF INCORPORATION

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

2/bovrne flu	32740	ess, if different is:
	zed is: Several Con 15, NO 55	TRACTOX
	·	
CLE IV SIMKES unber of shares of stock is:	<u></u>	
State and Title: A. Charles	Follo Prosepe and Title:	
CLS V INITIAL OFFICERS AND/OF	Follo Prosepe and Title:	· · · · · · · · · · · · · · · · · · ·
Name and Title: P. Chara  Address 1030 FC	Folg Prope and Title:  Old Store Apress:  10 Fl. 32940	
Name and Title:  Name and Title:	Fo fo from pe and Title:  0	75 (A
Name and Title:  Name and Title:  Name and Title:  Address  Address	Folg Prope and Title:  Old Store Apress:  10 Fl. 32940	10 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Name and Title:  Address  Name and Title:  Address  Address	Politicing Proper and Title:    15000 Address:   10	10
Name and Title:  Address  Name and Title:  Address  Address	Polity Prosepe and Title:    15000 Address:   10	24 - 8 - 8 - 8 - 4 G

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: Richard FULY	
Address: 1030 Fieldstone Dr	
Mclbourne, FL, 3294	
	_
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: PickAd Polo	<u>,</u>
Address: 030 F. 8 (c) 5000	O Da
MelBourve, Pl.	7)91/D
110/100/2000	2140
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 can:	. (OPTIONAL)
days after the filing.)	The first an live business days prior of 20 business
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 proces	ss for the above stated corporation at the place designated in
this certificate, I am familiar with and accept the appointment as re	egistered agent and agree to act in this capacity
Byhand Las	<u>8-8-10</u>
Required Signatura 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	e true. I am aware that the false information submitted in a
A = 1 = 7 = 0 =	S-D-701h
Required Signature Incorporator	$\frac{O - O - 2D}{Date}$