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(Requestor's Name)				
(Address)				
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PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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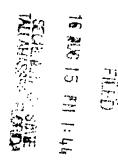
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COVER LETTER

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

SUBJECT: H + K UTERFORM	ses of 11/4	ann q Que
(PROPOSED COR FORA)	TE NAME – <u>MUST INCL</u> I	UDE SUFFAX)
·		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	i a check for:
		1
12 \$70.00 12 \$78.75	3 \$78.75	□ \$87.50
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
		& Certificate of
	ADDITIONAL CO	Status PV REQUIRED
	ADDITIONAL CC	A T KEQUIN 9D
	Dagaza	
KROM: KRHERTHA	PALMER	
Nama	(Printed or typed)	
011211	2 Rd 1 ,-	••
20613 NW	S HVE.	
^	Address	
MINAT I	1 22119	
City,	1 22/6/	

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)

	/	ν	•	lnc.
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if o	lifferent is:	
20613 NW 3 nd Ave				
Miani, FC 33169	<u></u>	· 		
1RTICLE III PURPOSE The purpose for which the corporation is organized is:	20 own	and of	resate.	a
The purpose for which the corporation is organized is: Dusiness in the T	Meani à	recor	in the	<u></u>
state of Florida.				
				· · · · · · · · · · · · · · · · · · ·
· · ·				
	<u> </u>	<u> </u>		
ARTICLE IV SHARES	,			
The number of shares of stock is:	aren_			
ARTICLE V INITIAL OFFICERS AND/OR DIRE	<u>CTORS</u>			
 	ver President	elle:		
1/0	Pu Averiddress			
Mianie, FC 3	3169		:-1,	
· · · · · · · · · · · · · · · · · · ·				
Name and Title: Libertha Palm	er, V.P. Name and	Title:		
Address 20613 NW 3 Na	Ave, Address:		in and a second	
Miani, FC 33	169			
Name and Title: Paple A. Pak	mer The socret	any		
——————————————————————————————————————	3Rdfee Address:	(1999 <u> </u>		
Minni Fl	33169			
11/1000 / C				

Name and Title:	Name and Title:
Address	Address:
·	
ARTICLE VI REGISTERED AGENT	
The name and Florida street achiress (P.O Box NOT accept	hable) of the registered agent is:
Name: Douthand	almer-
Address: 206/3 NW 3	THE
Meany H3	3/69
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Bobertha Y	almer
Address: 206/3 NW	3rdAve,
Meanin / C:	33/69
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filit. (If an effective date is listed, the date mus, be specific in	d cannot be more than five business days prior or 90 business
days after the filing.)	
Note: If the date inserted in this block does not meet the ap the document's effective date on the Department of State's to	plicable statutory filing requirements; this date will not be listed as records.
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointment	f process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity
Kobertha Kalmer	8-15-16
Required Signature/Registered A	
I submit this document and affirm that the facts stated he document to the Department of State of intitions a third deg	rein are true. I am aware that the false information submitted in a cree felony as provided for in s.817.155, F.S.
Lohen the Palman	8-15-11
Required Signature/Incorporator	Date