## 1160067210

(Requestor's Name)					
(Addı	(Address)				
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PiCK-UP	☐ WAIT	MAIL			
(Busi	ness Entity Nar	ne)			
(Doc	ument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to Fi	iling Officer:				

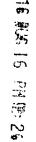
Office Use Only



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In

## **COVER LETTER**

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

P. O. Box 6327 Tallahassee, FL 32314	, eth	*		
SUBJECT: EX terior Solution (PROPOSED CONTON	S OF PL ME-MUSTINGLU	DE SUFFIX)		
Enclosed are an original and one (1) copy of the artic		a check for:		
\$70.00 \$78.75  Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Brian 5 Foss	20		\$	
128 Cardinal L			<b>多</b>	
montice 110 Fl City, S Casos Hal-20 Daytime Te			PH 85: 27	O Y
Daytime Te	lephone number			
brianfss 2 a 91 E-mail address: (to be used	mail.com for future annual report n	otification)		

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)

128 Cardin	Principal street addres	<del></del>		Mail	<del></del>	if different is:		
montice 110	FI 3234	4			Same	as		•
ARTICLE III PURPO The purpose for which t	<u>PSE</u> he corporation is orgu	nized is: Any	and	all	Law	ful B	usive	35
							·	 
ARTICLE IV SHARI The number of shares of		l				7.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	<b>南</b> 建2 55	·
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Name and Title	: Brian fos	os/cure/ oxi	_	Fitle:		100 mm	<u>o</u>	TELL
Name and Title	126 Cardi Honficell	o Fl	_ Address:			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	16 PM (5): 2:	
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Name and Title:	Name and Title:	· · · · · · · · · · · · · · · · · · ·
Address ·	Address:	
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ARTICLE VI REGISTERED AGENT		
	O. Box NOT acceptable) of the registered agent is:	
Name: Brian Fa		
Address: 128 CCV d	inol cone	
monticella	inol cone 0+1,32344	
ARTICLE VII INCORPORATOR		Esa 🖶
The <u>name and address</u> of the Incorporato	or is:	
Name: Byton K	=5/	ीं क
Address: 128 CCV	diad lone	The state of the s
montice	=55 dina Lone 110 Fl 32344	PH 9: 27
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of fill (If an effective date is listed, the date in days after the filing.)	ling: (OPTIONAL nust be specific and crossess to some than five business.	.) ess days prior or 90 business
Note: If the date inserted in this block do the document's effective date on the Dep	oes not meet the applicable statutory filing requirement partment of State's records.	ts, this date will not be listed as
Having been named as registered agent this certificate, I am familiar with and ac	to accept service of process for the above stated corpo except the appointment as registered agent and agree to	oration at the place designated in act in this capacity
Bru Fr.		8/16/16
Required Sign	nature/Registered Agent	Date
I submit this document and affirm that	the facts stated herein are true. I am aware that the	false information submitted in a
aocument to the Department of State cor	nstitutes a third degree felony as provided for in s.817.1	F 1
16 L	May	0/6/6
Required Signature/Incorpora	31OT	Date