## P16000068820

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## **COVER LETTER**

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

SUBJECT:	Theift and		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Robbie Henry Regina Murphy Name (Printed or typed)			
1974 Opa Locka Blod. Address			
Milani, Florida City, State & Zip			
(	(784) 344e - 73 Daytime To	elephone number	
	I hart and Abo		. com

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)

The name of the corpora		& Above Inc.	
1970 DPA	Principal street address N. C	SOY90 NW	different is: #3
<u>Opa koo</u> 33054	Ka, Florida	<u>Miami, Flo</u> 33169	ida
ARTICLE III PURP The purpose for which	the composition is successful in 1/2	. Sale of L	1sed
Fuenitui	re ART and King and Pur	Antiques. Soi	ne Resale
<u> 07- C10)</u>	thing and Pun	J.&J .	<b>5</b> 5%
			AUG OF
		<del></del>	S PM 12:
ARTICLE IV SHAR The number of shares of	EES f stock is: 500 Shares a	+ 1.00 per value	STATE RATIONS 2: 33
ARTICLE V INITL	AL OFFICERS AND/OR DIRECTORS  ROBBIE HEADER - DIRECTORS	Wang and Title: X Philos.	Mudu-Officer
Address	- Robbie Henry-Direct 20490 NW 7+15 AVE MIANI, Florida	Address: 30490	NW TH AVE #3
	Miani, Florida 33/69		Florida
Name and Title	<u></u>		
Address		-	
		_	
Name and Title	:	Name and Title	
Address			
			<del></del>

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	T accentable) of the registered agent is:
Name: Klaina Must	26.4
20490 MIL)	240 pive #3
Address: 20490 NW MIami, Florid	10 33/169 16 SSE
17) /Wh) / /-////	
ARTICLE VII INCORPORATOR	75 CONT.
The name and address of the Incorporator is:	PHI2: 33
Name: <u>KOBBIE</u> Her.	DAY 3 AAI
Address: 90490 NW	JUANE 3
Name: <u>KOBBIE HER</u> Address: <u>POA 90 NW</u> Miani Florid	la 33/10A
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be speedays after the filing.)	- Lo - SO 1 Lo . (OPTIONAL) cific and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the document's effective date on the Department of S	t the applicable statutory filing requirements, this date will not be listed as State's records.
this certificate, I am familiar with and accept the app	ervice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
Required Signature/Regist	- 8-6-2016
Required Signature/Regist	ered Agent Date
I submit this document and affirm that the facts sto document to the Department of State constitutes a th	ated herein are true. I am aware that the false information submitted in a ird degree felony as provided for in s.817.155. F.S.
Palli Hans	
Required Signature/Incorporator	8-6-16 Date