## P16000078174

(Re	equestor's Name)	
(Ad	ldress)	
	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
•	·	,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

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

BJECT: Saund	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
losed are an or	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
			TO THE PARTY OF TH
		ADDITIONAL CO	PY REQUIRED
FROM: _	75 Barclay Blvd	e (Printed or typed)	
FROM:	Nam		OPY REQUIRED
FROM:	Nam 75 Barclay Blvd uffalo Grove, IL 60089	e (Printed or typed) Address	
FROM:	Nam 75 Barclay Blvd uffalo Grove, IL 60089	e (Printed or typed)	0.36.00

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)

<u>ARTICLE II PRIM</u>	VCIPAL OFFICE Principal street address		Mailing address, if differ	ent is:	
1494 Morgan Street		1494 Mc	organ Street		
Jacksonville, FL 3220	9	Jacksony	ville, FL 32209		
ARTICLE III PURA The purpose for which	POSE to act an the corporation is organized is:	as a holding company			
-					
				6 SEP 2	-1
ARTICLE IV SHA The number of shares	of stock is:			) 76 8: 13	VOICE STATE
Name and Ti	IAL OFFICERS AND/OR DIRECTOR. Sidney Saunders / Director	Name and Title	Bobbie Saunders / Dire	ctor	
Address	1494 Morgan Street	Address:	1494 Morgan Street	_	
	Jacksonville, FL 32209		Jacksonville, FL 32209		
Name and Tit	le:	Name and Title		-	
Address					
Name and Tit	le:	Name and Title	e:		

Name and Title:		Name and Title:		
Addres		Address:		
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accep	ntable) of the registered agent is:		
Name:	Sidney Saunders	substitution in the registration agent is.		
Address:	1494 Morgan Street			, promi
	Jacksonville, FL 32209		16 SEP	SECRE
ARTICLE VII	<u>INCORPORATOR</u>		20	
The name and a	address of the Incorporator is:		<u> </u>	် ရှိသို့ က
Name:	Sidney Saunders		8: 13	
Address:	1494 Morgan Street		$\sim$	\$3.4 \$3.4
	Jacksonville, FL 32209			
Effective date, it		. (OPTIONAL) d cannot be more than five business days prior o	r 90 b	usiness
	e inserted in this block does not meet the apperfective date on the Department of State's re	plicable statutory filing requirements, this date will ecords.	not be	listed as
Having been na this certificate, I	med as registered agent to accept service of am familiar with and accept the appointmen	process for the above stated corporation at the pla nt as registered agent and agree to act in this capac	ce des ity	signated in
	Sid Sound	9-15-	-110	
	Required Signature/Registered Ag	ent	Date	<del></del>
	cument and affirm that the facts stated her Department of State constitutes a third degr	ein are true. I am aware that the false information see felony as provided for in s.817.155, F.S.	ı subn	nitted in a
	Suf Saund	9-15-	-110	
Requ	ired Signature/Incorporator		Date	

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

The name of the corporate ARTICLE II PRINCE	IPAL OFFICE			<del></del>
	Principal street address		Mailing address, if different is:	
1494 Morgan Street		1494 Mo	rgan Street	
Jacksonville, FL 32209		Jacksonv	ille, FL 32209	
ARTICLE III PURPO The purpose for which the	DSE to act he corporation is organized is:	as a holding company		
			<u> </u>	-1
			<u> </u>	
			2 8	
ARTICLE IV SHARE The number of shares of			φ. -	STATE
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTOR Sidney Saunders / Director	Name and Title	Bobbie Saunders / Director	
Address	1494 Morgan Street	Address:	1494 Morgan Street	
	Jacksonville, FL 32209		Jacksonville, FL 32209	· · · · · · ·
Name and Title		Name and Title	: <u> </u>	
Address				
		Name and Title	::	
Address				

Name a	nd Title:	Name and Title:
Address		Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acco	eptable) of the registered agent is:
Name:	Sidney Saunders	
Address:	1494 Morgan Street	
Address.	Jacksonville, FL 32209	——————————————————————————————————————
ARTICLE VII	INCORPORATOR	20
The name and a	address of the Incorporator is:	en e
Name:	Sidney Saunders	## 32 
Address:	1494 Morgan Street	<del></del>
	Jacksonville, FL 32209	
Effective date, i		(OPTIONAL) and cannot be more than five business days prior or 90 business
	te inserted in this block does not meet the a effective date on the Department of State's	applicable statutory filing requirements, this date will not be listed as srecords.
	I am familiar with and accept the appointn	of process for the above stated corporation at the place designated nent as registered agent and agree to act in this capacity
	Sul Sound Required Signature/Registered	9-15-110
	Required Signature/Registered	Agent Date
	ocument and affirm that the facts stated h	erein are true. I am aware that the false information submitted in egree felony as provided for in s.817.155, F.S.
	Sed Saund	9-15-((0
Req	uired Signature/Incorporator	Date