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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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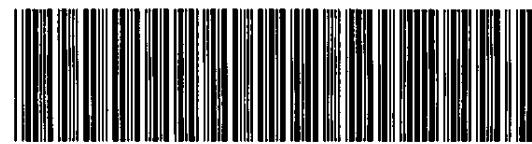
(Business Entity Name)

(Document Number)

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16 OCT 27 2016  
CLERK'S OFFICE, STATE OF WASHINGTON

M. MOON  
OCT 27 2016

## TRANSMITTAL LETTER

Florida Department of State  
Division of Corporations  
P O BOX 6327  
Tallahassee, FL 32314

SUBJECT: TIM LARUE INC.

Dear Sir or Madam:

Please find enclosed for filing one original and one copy of the NEW Articles of Incorporation.

Also enclosed is a check in the amount \$ 122.50 payable to: Florida Department of State for the TRANSFER FEE, filing fee, certified copy and certificate of status.

Please return to:      **TIM LARUE, INC.**  
C/O TIM LARUE INC., Registered Agent & Incorporator  
10811 WESTMONT ROAD  
LEESBURG, FL. 34788

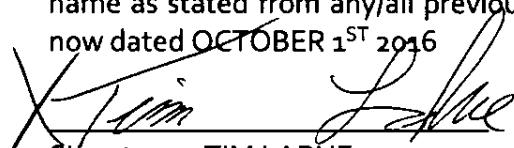
NOTE: The original and one copy of the NEW articles are enclosed.

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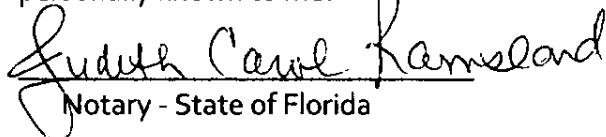
Affidavit to Release Corporation name for New Articles of Incorporation  
STATE OF FLORIDA

COUNTY OF LAKE

1. Introduction. TIM LARUE., being duly sworn, deposes and says:
2. Description of Deponent. I am the President/Director/Incorporator of TIM LARUE INC. a corporation organized and existing under the laws of Florida and qualified to do business under the laws of Florida, with its principal offices at: 10811 WESTMONT ROAD, LEESBURG, FL. 34788 I make this affidavit solely as an agent of the above referenced corporation and in no other capacity.
3. Revoking Privilege and Release of Name. I do now hereby revoke any former use of corporate name and do now transfer the corporate name: TIM LARUE INC. to be filed and used with the new articles of incorporation now dated OCTOBER, 1<sup>ST</sup> 2016 having full right, power, and authority to transfer such name.
4. Inducement. This affidavit is made for the specific purpose of transferring the corporate name as stated from any/all previous articles of incorporation dated prior to the new articles now dated OCTOBER 1<sup>ST</sup> 2016

  
Signature – TIM LARUE

Be it known that on the 1st day of October 2016 before me appeared TIM LARUE., who is personally known to me.

  
Notary - State of Florida



JUDITH CAROL RAMSLAND  
MY COMMISSION # FF 067382  
EXPIRES: February 17, 2018  
Bonded Thru Budget Notary Services

16 OCT 27 2016  
SECTION 775.27  
FLORIDA  
STATE  
NOTARY  
PUB

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the Corporation shall be: TIM LARUE INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business of this corporation is: 10811 WESTMONT ROAD, LEESBURG, FL. 34788

The mailing address for all legal correspondence is: 10811 WESTMONT ROAD, LEESBURG, FL. 34788

**ARTICLE III PURPOSE**

This corporation was established as a professional profit corporation.

**ARTICLE IV SHARES**

The aggregate number of shares which the Corporation has authority to issue 1,000 shares of common stock with no par value.

**ARTICLE V OFFICERS/DIRECTORS**

TIM LARUE  
PRESIDENT  
10811 WESTMONT ROAD  
LEESBURG, FL. 34788

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the initial registered agent and office of the Corporation is:  
TIM LARUE, 10811 WESTMONT ROAD, LEESBURG, FL. 34788

**ARTICLE VII INCORPORATOR** The name and address of the incorporator to these  
Articles of Incorporation is:  
TIM LARUE, 10811 WESTMONT ROAD, LEESBURG, FL. 34788

\*\*\*\*\*

Having been named as registered agent to accept service for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
(SIGNATURE) TIM LARUE - Registered Agent

10/01/10  
Date

  
(SIGNATURE) TIM LARUE Incorporator

10/01/10  
Date

SECRETARIAL STATE  
FLORIDA  
16 OCT 27 PM 2:05