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(Rec	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

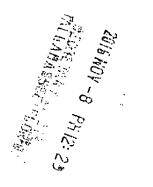
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COVER LETTER

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

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TE NAME - MUST INCLI	
\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
(Printed or typed) A # 748 ddress	
	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO

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)

TICLE II PRINC	CIPAL OFFICE				
Intalia Ko	Principal syrect add	lress		Mailing addres	s, if different is:
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irlando, 1	1 3283	SQ		-	
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Name and Title:	Name and Title:
Address	Address:
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ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name: Natalie Kondratenteo	
Address: 10925 Mose Park Rd #74	<u>.</u> 8
William, PL 30002	-
ARTICLE VII INCORPORATOR	2816 ₁
The name and address of the Incorporator is:	NOV NOV
Name: Natali Konaratenko	8
Address: 10925 Moss Park Rolfs Orlando, FL 32832	(48) PH 12: 31
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and canno filing.)	76 (OPTIONAL)
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg	
nukond	11/4/16
Required Signature/Registered Agent	// Date
I submit this document and affirm that the facts stated herein are	
document to the Department of State constitutes a third degree felon	y as provided for in \$.817.133, r.s.
Required Signature/Incorporator	Date -