CORP	ROFIT PORATION			FLORIDA DEPAR Sandra B	TMENT OI Mortham	STATE					
	AL REPORT 996			Secretar DIVISION OF C	ry of State CORPORA	IONS					
	IENT #	P1618	3	(6)							
Corporation N	Name	CIAL SYSTEM		•••							
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cipal Place o	f Business			ailing Address				UIĂIN NAHAU UNDI (N)A	U U SHAL WENNY WINIE U	IAIN DIBILI	01011 01011 1691
060 J.A. JON "AX DEPT "HARLOTTE N IS				6060 J.A. JONES DR TAX DEPT CHARLOTTE NC 28287 US			3. Date Incorpora 09/30/19		Sa. Date of	Last Re)1/199	-
Principal Plac	ce of Business	· · · · · · · · · · · · · · · · · · ·	2a.	Mailing Address			4. FEI Number		00/0	TA	pplied For lot Applicable
Suite, Apt. #,	etc.		26	Suite, Apt. #, etc.			56-0941 5, Certificate of S		Ki ^t	8.75	Additional
City & State		······································	27	City & State			6. Election Camp	• •		\$5.00	Aequired May Be
Zip		Country	28	Zip	Cour	Iny	Trust Fund Col 8. This corporation	n has liability for	intangible tax u		to Fees 199.032,
- 12	25	Address of Curren	29 It Beols		30		Florida Statute 10, Name and Ac	s 🗌 Yes	s 🔊 No		
	9, Name and	MULLESS OF CULLEN	ក កទម្លាន	Were Allow		11 Name					
	PORATION SY				ŀ	32 Street	Address (P.O. Box Numbe	r is Not Acceptat	ble)		
1000											
	PINE ISLAND FION FL 33324				f	33					
PLANTA1	the provisions of	f Sections 607.0502	аа ъно)7,1508, Florida Statute h change was authorize .0505, Florida Statutes.	es, the above	34 City	rporation submits this stat board of directors. I hereb	ement for the pu y accept the app		ino its n	o Code egistered offic agent. 1 am
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