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2 02/23/17

COVER LETTER

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

SUBJECT:	JI/JANS & SE (PROPOSED CORPORA	32	
<u></u>	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	
FROM:	Jenetia Wi 3011 A	NW 51 BF Address	
	MIAMI FI	State & Zip	
	603 346	- 60 85	
	F-mail address: (to be use	d for future annual report r	notification
	- man address, fro oc asc	a roi rature annuai report r	ioninanon <i>j</i>

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)

ARTICLE II PRINCIPAL O	<i>FFICE</i> I <u>street</u> address	Mailing	address, if different is:
3011 NW SI Minmi Fl 3	St		
RTICLE III PURPOSE	ration is organized is:	, ,	17 FEB 22 PH SECRETARY OF TALLAHASSEE F
			3: 13 SIAIE LORIDA
	Newstin Williams	Name and Title:	
Name and Title: U.F. Address 36	D) Remus Williams 311 NH 31 8+ 1 Ami F1 33 142	Address:	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	!
Address: 1000 N.W 1110 Mignel F2-384	7 5.
Man Franch	17 F
ARTICLE VII INCORPORATOR	EB 2
The name and address of the Incorporator is:	SEE. P
Name: [lenetin Williams	PH 3:
Address: 30/1 NW 51 ft	
MIAMI F) 33142	- -
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 cannot	(OPTIONAL) It be more than five days prior or 90 days after the
filing.)	
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 have warred as registered against to account services of process	n for the chore stated componenties at the place decignated in
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg	
So Kon	0/11/
Required Signature/Registered Agent	pare
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	
1 long to Wi	9/15/17
Required Signature/Incorporator	Date