P17000022884

(Requestor's Name)
(Nequestor's Name)
(Address)
(Addiess)
A.I.
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, in the second

Office Use Only



800296251698

03/13/17--01047--019 **70.00

17 MAR 13 PM 12: 38
SEURLIARY OF STATE
ALLYSSEE, FLORID

2 03/14/17

COVER LETTER

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

SUBJECT:	HOFFMAN K		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:		HOFFMAN e (Printed or typed)	<u>.</u>
	34 NORMAND	Y A.	
		Address U Fl. 3	3484
	(954) 865	State & Zip 3849	
	KINGCRAMER G	elephone number 9(a) GMM/	a Com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

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

ICLE II PRIN						
	Principal street address			Mailing address, if different is:		
34 110	RMANDY A	_		Same -		
DOLRAV	Beach a	33489				
SC IVI A		July 1				
PICLE III PURP purpose for which	<u>OSE</u> the corporation is organize	d is:	LUB BO	<i>us</i> .		
		_				
					5	_
						<u>-</u>
			<u> </u>	<u> </u>	CRU TA	>
			-		SSE SSE	<u>ລ</u>
					eg i	D
						Ť
		•				<u>*</u> ?>
TICLE IV SHAR number of shares of		,				
number of shares of	stock is: AL OFFICERS AND/OR I	DIRECTORS	Name and Tit	le: <u>C</u>	SIATE LORIDA	
number of shares of	stock is: AL OFFICERS AND/OR I	DIRECTORS	Name and Titi	le: CEC SAne	SIATE LORIDA	
number of shares	Stock is:	DIRECTORS LOFFINAL ANDY A.	Name and Titi	le: CEC SANE	SIATE LORIDA	
number of shares	stock is: AL OFFICERS AND/OR I	DIRECTORS LOFFINAL ANDY A.	Name and Titi Address:	le: CEC SANE	SIATE LORIDA	
number of shares	Stock is:	DIRECTORS LOFFINAL ANDY A.	Name and Titi Address:	le: CEC SAne	SIATE LORIDA	
number of shares of the shares of the share and Title Address	Stock is:	DIRECTORS LOFFINAN ANDY A. THE FC 33484	- -		SIAIE	7:38
Name and Title	Stock is: (/ AL OFFICERS AND/OR I E: STEWN A BE WANT BEE	DIRECTORS LOFFINAL AINDY A. THE SUMMERS	Name and Tit	le:	SIAIE	7: 38
number of shares of the shares of the share and Title Address	Stock is: (/ 41 OFFICERS AND/OR I e: STEWN A BECKEY BECKEY	DIRECTORS LOFFINAN ANDY A. May FC 33484	Name and Tit	le:	SIAIE	7: 38
Name and Title	Stock is: (/ 41 OFFICERS AND/OR I e: STEWN A BECKEY BECKEY	DIRECTORS LOFFINAL AINDY A. THE SUMMERS	Name and Tit	le:	SIAIE	7: 38
Name and Title	Stock is: (/ 41 OFFICERS AND/OR I e: STEWN A BECKEY BECKEY	DIRECTORS LOFFINAL ANDY A. THE 33484	Name and Tit	le:	SIAIE	7: 38
Name and Title Name and Title Address	Stock is: (/ 4L OFFICERS AND/OR I	DIRECTORS LOFFINAN ANDY A. THE 33484	Name and Tit	le:	SIAIE	72: 38
Name and Title Name and Title Address	Stock is: (1	DIRECTORS LOFFINAL ANDY A. THE 33484	Name and Titi Address: Name and Titi	le:	SIAIE	72: 338

Name and Title:	Name and Title:	
Address	_ Address:	
	· ·	
	- 	1
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Address: Address:	<u>)</u>	,
ARTICLE VII INCORPORATOR		SECRE!
The <u>name and address</u> of the Incorporator is:	,	R 13
Name: STEVEN HOFFMA	<u>_</u>	عا يرت
Address: 34 Normand Occepy Brack	Y A FC VdY	D PM 12: 38 OF STATE E. FLORIDA
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 cannotiling.)		r 90 days after the
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.		date will not be listed as
Having been named as registered agent to accept service of proces this certificate, I am familiar with and accept the appointment as re		
Required Signature/Regulared Agent		Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felometer of State constitutes a third degree felometer of Signature/Incorporation	e true. I am aware that the false in ny as provided for in s.817.155, F.S	formation submitted in a

. •

e •