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nclosed 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	\$78.75 Filing Fee	\$87.50 Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status	
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Name (Printed or typed) 3404 Apalachea PKW X, # A a Mahassee ft 32311 8504919955 Daytime Telephone number basen_hakin@hotmail.com
E-mail address: (to be used for future annual report notification)

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)

The name of the corporation shall be:	t1./~c	· ·
ARTICLE II PRINCIPAL OFFICE Principal street address 3404 Apalachee PKWY, # Tallahassee, fl 32311	A Mailing address, if differ	ent is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and Allegal		
·		
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR Name and Title: Rasen Halin Pro		17 55 5
Address 3404 Apalache PKo	Address:	25 M & 02
Name and Title:Address	Address:	· · ·
Name and Title:	Name and Title:	
		_

Address		Address:	·
			
ARTICLE VI REGISTER The name and Florida stree	ED AGENT taddress (P.O. Box NOT accepta	able) of the registered agent is:	
Name: Base	m Hatim		
	4 Apalachee		
	, tallahasser		
ARTICLE VII INCORPO	<u>RATOR</u>	· ·	
The <u>name and address</u> of the	e Incorporator is:		
	son Hatin		
Address: 30	for Apalache	PKWY	
#	for Apalache A, Tallahasa	en fl32311	
ARTICLE VIII EFFECT. Effective date, if other than (If an effective date is listed days after the filing.)	the date of filing: (25 / 4) d, the date must be specific and	Cannot be more than five bus	AL) iness days prior or 90 business
	n this block does not meet the app te on the Department of State's re		ents, this date will not be listed as
Having been named as regi this certificate, I am familia	istered agent to accept service of ir with and accept the appointmen	process for the above stated co. nt as registered agent and agree	rporation at the place designated in to act in this capacity
			04/26/17
_	Required Signature/Registered Ago		Date
I submit this document and document to the Departmen	l affirm that the facts stated here at of State constitutes a third degre	ein are true. I am aware that to ee felony as provided for in s.8 f	he false information submitted in a 7.155, F.S.
			04/26/17
Required Signat	ure/Incorporator		Date

Name and Title: ______ Name and Title: ______