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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 Filing Fee ☐ \$78.75
Filing Fee
& Certified Copy □ \$87.50 Filing Fee, & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED 103 NE Et St.
Address

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

5.

Daytime Telephone number

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) ichter Polo Ericha ARTICLE I NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address kJ WILTON MANORS FL 33311 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Name and Title: Name and Title: Address Address: d٦ Name and Title: Name and Title: Address Address:

ARTICLE VI REGISTERED AGENT The name and Florida street andress (P.O. Box NOT acceptable) of the registered agent is: Name: Address: **BORB33 NW 9 TER.** **WILTON MANUALS FL 333// **ARTICLE VII INCORPORATOR* The name and address of the Incorporator is: Name: **Effective DATE:** **WILTON MANUALS FL 333// **ARTICLE VIII EFFECTIVE DATE:** **Effective date, if other than the date of filing:** (If an effective date, if other than the date of filing:** (If an effective date is listed, the date must be specific and cannot 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 statutory filing requirements, this date will not be listed as the document's effective date on the Department of Species are records. **Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificates are functionally and formation submitted in a document for the Department of Species and agree to act in this capacity **The Address:** **Descriptions** am familiar with and accept service of process for the above stated corporation at the place designated in this certificates are functionally agreed to act in this capacity **The Address:** **Descriptions** **Descriptions** **Descriptions** **The Department of Species and agree to act in this capacity **The Address:** **Descriptions** **Descriptions** **Descriptions** **Descriptions** **Descriptions** **Descriptions** **Descriptions** **Descriptions** **The Department of the Performance of the Species and agree to act in this capacity **Descriptions** **Des	Name and Title:	Name and Title:		
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