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COVER LETTER

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

SUBJECT:	Bargain De	als Inc.	
	(FROPOSED CORPORA	ATE NAME - MUST INCL	JDE SUFFIX)
Enclosed are an original	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
☑ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Evelyn River Name 4481 SW PO		
	Palm City City	FL 3499 C State & Zip)
	772 · 742 - Daytime Te	2906 elephone number	
	E-mail address: (to be used	ostore com	1
		to tarme annual report no	titication)

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 I NAME The name of the corpora	tion shall be:	in Deals	Outlet, INC
ARTICLE II PRINC	TPAL OFFICE Principal street address		Mailing address, if different is:
4481 S	Sw port way		
TRTICLE III PURPO	DSE the corporation is organized is: DS NOS		
	101 10511055		
RTICLE IV SHARE ne number of shares of shares	SS Stock is:/ CO L OFFICERS AND/OR DIRECTOR.	<u>-</u>	
	Gustave Allmacher		:
Address	- President - 4481 SW Port - Palm City, Fr	Address: 1 Way 50	
Name and Title:	Luz M. Canon R.	Name and Title	
Address	Vict President		
	Palm city, FL 3	Way 34990	-
Name and Title:	·	Name and Title:	
Address		Address:	
Address _	-	Address:	

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT		
	D. Box NOT acceptable) of the registered agent is:	
Name: <u>LUZ M.</u>	Canon Kinera	
Address: 4481	Sw Portway	<u>γ</u> .↓ (2)
- Palm	4ty FL 34990	
ARTICLE VII INCORPORATOR		
The name and address of the incorporator	is:	V 4 # 5
	1. Canon Ries	
Address: 4481	Sw Port Way	
Palm	City, Fr 34990	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing		
filing.)	ust be specific and cannot be more than five days pri	or or 90 days after the
Note: If the date inserted in this block do the document's effective date on the Department.	es not meet the applicable statutory filing requirements, rtment of State's records.	this date will not be listed as
this certificate. I am familiar with and acco	o accept service of process for the above stated corpora ept the appointment as registered agent and agree to ac	tion at the place designated in t in this capacity
Lu la Min	ture/Registered Agent	10/11/2017
Required Signar	ture/Registered Agent	Date
I submit this document and affirm that the	he facts stated herein are true. I am aware that the fai	lse information submitted in a
document to the Department of State cons.	titutes a third degree felony as provided for in s.817.155	5. F.S.
La la ilain	or	10/11/2017
Required Signature/Incorporate	or	Date