## P17000086 824

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
<u>_</u>				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Constitution of the Office				
Special Instructions to Filing Officer:				





400304598004

10/27/17--01006--001 \*\*\$7.50

ST 60127 /H 9 36

D O'KEEFE : :

## **COVER LETTER**

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

SUBJECT:	Robert	J. Espy	luc.
Enclosed are an orig	inal and one (1) copy of the ar		d a check for:
S70.00 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
FROM:	Robert 1 Nam	e (Printed or typed)	
_	Craufordy.	Address  (Let L 7)  State & Zip	2827

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 1 NAM The name of the corpo		ctrest -	Esty,	ric.
	VCIPAL OFFICE Principal street address	>C.	Mailing addres	s, if different is:
Claute	raville a	32327		
ARTICLE III PUR. The purpose for which	POSE 1 the corporation is organize	ed is: Triby	Car aux	triffed in
		····		
				i.
			·	
		- Reviel Lotter		
Name and Tit	Cameran 18	Joyse Name:	 TIG and Title:	
Address		Denne Praddres		
	Crankon	600/102		
	FU 32	327	<i>e</i> ~	
Name and Titl	e Ripin Egy	Name:	and Title:	
Address	Contord	Det 1 Deddres	55:	
	FU 32-8	27_		

Name and Title:	Name and Title:	
Address	Address:	
		;
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT ac	ceptable) of the registered agent is:	
Name: Kobart () Es	( )	
700	2: 2	
Address:	1	
Crante 11/10		
	72321	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: Robert JE	5 K/-)	
700	177	
Address:		
Countard 00	1210	
•	32727	: i i i
ARTICLE VIII EFFECTIVE DATE:	/	
Effective date, if other than the date of filing:	and cannot be more than five days o	
filing.)	mid things of more than her days p	and of 20 days after the
Note: If the date inserted in this block does not meet the	applicable statutory filing requirement	s this date will not be listed as
the document's effective date on the Department of State		s, and date with notice instead as
		i
Having been named as registered agent to accept service this certificate, I am familiar with and accept the appoint		
Al 8	mem us registered agent and agree to t	ici in inis cupicity
Required Signature/Registered		16-27-19
Required Signature/Registered	Agent	Date
I submit this document and affirm that the facts stated		
document to the Department of State constitutes a third of	iegree Jetony as provided for in s.817.1.	55, F.S.
_ CAGUTO /SOFE	<u> </u>	10-27-17
Required Signature/Incorporator		Daté