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(Requestor's Name)				
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Cartified Conies	Cortificator	s of Status		
Certified Copies	_ Certificates	s or Status		
Special Instructions to	Filing Officer:			

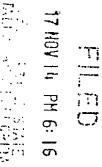
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COVER LETTER

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

ЗИВЈЕСТ:	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:		
\$70.00	\$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL COPY REQUIRED			

	Lisa B. Rudolph, Esquire Name (Printed or typed)		
	482 Jacksonville Drive		
	Address		
	Jacksonville Beach, FL 32250		
	City, State & Zip		
	904-595-7221		
	Daytime Telephone number		
	lisa@lisarudolphlaw.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)

ICLE II PRIN	CIPAL OFFICE				
	Principal street address	Mailin	g address, if different is:		
Jacksonville Driv	c	Same	Same		
sonville Beach, F	L 32250				
ICLE III PURI purpose for which	to engage in the corporation is organized is:	n any lawful activity.			
					
TICLE IV SHA					
number of shares of	of stock is:				
number of shares of shares of shares of shares of share and Ti	of stock is:				
number of shares of	of stock is: AL OFFICERS AND/OR DIRECTORS Edward Cole - President/VP/Secretary	Name and Title:			
number of shares of shares of shares of shares of share and Ti	of stock is: IAL OFFICERS AND/OR DIRECTORS Edward Cole - President/VP/Secretary 482 Jacksonville Drive	Name and Title:			
number of shares	of stock is: IAL OFFICERS AND/OR DIRECTORS Edward Cole - President/VP/Secretary 482 Jacksonville Drive	Name and Title: Address:			
number of shares	AL OFFICERS AND/OR DIRECTORS Edward Cole - President/VP/Secretary 482 Jacksonville Drive Jacksonville Beach, FL 32250	Name and Title: Address: Name and Title:			
Name and Tit	AL OFFICERS AND/OR DIRECTORS Edward Cole - President/VP/Secretary 482 Jacksonville Drive Jacksonville Beach, FL 32250	Name and Title: Address: Name and Title: Address:	17 MOV		
Name and Tit	AL OFFICERS AND/OR DIRECTORS Edward Cole - President/VP/Secretary 482 Jacksonville Drive Jacksonville Beach, FL 32250	Name and Title: Address: Name and Title: Address:	17 HOV 14		
Name and Tit Address Address	AL OFFICERS AND/OR DIRECTORS Edward Cole - President/VP/Secretary 482 Jacksonville Drive Jacksonville Beach, FL 32250	Name and Title: Address: Name and Title: Address:	17 NOV 14 PH 8		
Name and Tit Address Address	AL OFFICERS AND/OR DIRECTORS Edward Cole - President/VP/Secretary 482 Jacksonville Drive Jacksonville Beach, FL 32250	Name and Title: Address: Name and Title: Address:	17 NOV 14 PH 8		

Name and Title:		Name and Title:		
Addres	s	Address:		
				
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:		
	Lisa B. Rudolph, Esquire	, <u>.</u>		
Name:	Elsa S. Materpii, Esquit	_ 		
Address:	482 Jacksonville Drive			
. radicas.	Jacksonville Beach, FL 32250			
	Jacksonvine Beach, FL 32230			
ARTICLE VII	INCORPORATOR		FIL VON TE	
			# 2 T	
The <u>name and a</u>	address of the Incorporator is:			
Name:	Lisa B. Rudolph, Esquire		• •	
Address:	482 Jacksonville Drive		PH 6:17	
Addiess.	Jacksonville Beach, FL 32250			
			···•	
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, i	f other than the date of filing:	(OPTIONA	L)	
(If an effective	date is listed, the date must be specific and ca	annot be more than five days	prior or 90 days after the	
filing.)				
Note: If the dat	te inserted in this block does not meet the applic	able statutory filing requiremen	nts, this date will not be listed as	
	effective date on the Department of State's reco			
Having been no	imed as registered agent to accept service of pr	ocess for the above stated corp	oration at the place designated in	
	l am familiar with and accept the appointment o			
			11/0/11	
	7 / /		<u> </u>	
	Required Signature/Registered Agent		Dare	
I submit this do	ocument and affirm that the facts stated herein	are true. I am aware that the	false information submitted in a	
	e Department of Stare constitutes a third degree			
<u> </u>			11/11/5	
			11/0//	
Keq	effed Signature/Incorporator		Date	
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