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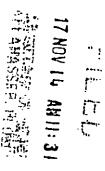
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Special Instructions to Filing Officer: |
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Office Use Only



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NOV 1 6 2017 K. Brumbley

COVER LETTER

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

| SUBJECT: | Deniel's Fra | reford. Ji | 1C . |
|----------------------|---|---|---|
| Enclosed are an orio | inal and one (1) copy of the art | | UDE SUFFIX) |
| \$70.00 Filing Fee | S78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certified Copy & Certificate of Status |
| FROM: | Desnied - | ADDITIONAL CO | PY REQUIRED |
| | 18160 SW 15 | Address State & Zip | |
| | 305 510 5 Daytime T | elephone number d for future annual report i | notification) |

NOTE: Please provide the original and one copy of the articles.

Att FLORIDA DEPARTMENT OF STATE

Attention: NEW FILINGS SECTION

To whom it may concern

of Doc # P11000037 205 are the same owners of attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thanks for you help in this matter.

Sincerely

DJJ Tax JD: 45-1761611

· ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I NAME The name of the corporati | on shall be: 25 > 1 4 | 5 Cranspord. | JNC. |
|---|---|--------------------|--|
| 18160 Sw | | v | ress, if different is: |
| ARTICLE III PURPO. The purpose for which th | <u>SE</u> e corporation is organized is: | , | |
| | | | ************************************** |
| | | | STATE A |
| ARTICLE IV SHARE The number of shares of s | <u>\$</u> tock is: <u>/</u> | | 3 |
| | officers and/or director | Name and Tacs 1 Le | n J .) |
| / | 18160 SW 138 C | | |
| Name and Title:_ | | Name and Title: | |
| Address _ | | | |
| Name and Title: | | Name and Title: | |
| Address _ | | | |

| Name and Title: | Name and Title: |
|--|---|
| Address | Address: |
| | |
| | |
| | |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box | NOT acceptable) of the registered agent is: |
| Name: Dsmil | Jahrez |
| Address: 18160 Sw 13 | as eld |
| Dani P | L. 33177 |
| ARTICLE UH ANCARRARATAR | / |
| ARTICLE VII _ INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | ρ ρ |
| Name: Desirel | Sa/Jez |
| Address: 18/ 60 Sw | 138 eD |
| frami 1 | 2 <u>1</u> 33177 |
| ARTICLE VIII EFFECTIVE DATE: | 11/00/17 |
| Effective date, if other than the date of filing: | (OPTIONAL) specific and cannot be more than five days prior or 90 days after the |
| Note: If the date inserted in this block does not the document's effective date on the Departmen | meet the applicable statutory filing requirements, this date will not be listed as at of State's records. |
| | ept service of process for the above stated corporation at the place designated in eappointment as registered agent and agree to act in this capacity |
| | 11/00/17 |
| Required Signature/R | egistered Agent Date |
| | ets stated herein are true. I am aware that the false information submitted in a stated degree felony as provided for in s.817.155, F.S. |
| (A,) | 11/12/19 |
| Required Signature/Incorporator | Date |