P17000/0/671

(Requestor's Name)				
(/	Address)			
(/	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
()	Business Entity Name)			
(Document Number)				
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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

SUBJECT:	CAT 6 Resources INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	JDE SUFFIX)
Enclosed are an orig	final and one (1) copy of the art	icles of incorporation and	l a check for:
	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Stophen Totum Nam		
	Nam		
_	Tallahassee f	74 32311 , State & Zip	
_	950-509-55 Daytime	근 역 Telephone number	
	E-mail address: (to be us	~ ed 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)

	0.00 (1.00.00.00)		
CLE II <u>PRIN</u>	CIPAL OFFICE Principal street address	Mailing ad	dress, if different is:
169 Surar	rd autos		
	38 FL 37311		
<u>a Ha basse</u>	75 FZ 32311		
CLE III _PURF	POSE		
urpose for which	the corporation is organized is: Any	am all lawful	1 Business
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		···	
<u>CLE IV SHA</u>	<u>RES</u>		
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Name and T	itle:	Name and Title:			
Address		Address:			
	GISTERED AGENT ida street address (P.O. Box NOT acceptable) of	the registered agent is:			
Name:	Stephen Tation				
Address:	1069 Suter rd				
-	Tallahassee = 1 32311	·			
ARTICLE VII IN	CORPORATOR				
The name and add	ess of the Incorporator is:				
Name:	1069 Suter rd Tallahassee 9 323	-			
Address:	1869 Suttr od	-			
	Tallahassee 9 323	[]			
Effective date, if of (If an effective data filing.) Note: If the date in		. (OPTIONAL) of the more than five days prior or 90 days after the statutory filing requirements, this date will not be listed as			
this certificate, I ar	ad as registered agent to accept service of proces in familiar with and accept the appointment as research. Required Signature/Registered Agent				
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
1) tohan	ed Signature/Incorporator	12/29/17 Date			

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