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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					

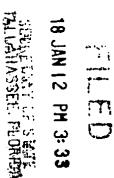
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Gizelda Rothenberger Pegasus industries Inc. 2808 NW 3rd Ave. Wilton Manors, Fl 33311-2402 954-322-0308 9 January 2018

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FI 32314

Re: Pegasus Industries Inc.

Dear Sir/Madam,

Unfortunately I paid the fee for the Annual Report to the incorrect state agency for the year 2017 therefore subsequently Pegasus Industries Inc. was deemed inactive and dissolved.

I am, hereby, declaring and requesting that you consider this a release of that name as I am the owner of the this dissolved entity.....I hereby also declare and inform you that I have no intention of re-stating it therefore leaving the name free for the application attached.

Should you require further information/clarification/specification please do not hesitate in contacting me.

Many Thanks, Rothenseign

Gizelda Rothenberger

18 JAN 12 PM 3: 33

COVER LETTER

SUBJECT: PEGASUS INDUSTRIES INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

ginal and one (1) copy of the art	icles of incorporation and	d a check for:
	& Certified Copy	& Certificate of Status
2808 NW	3id Al	
WILTON MAN	State & Zip	
Daytime T	elephone number	COM
	Filing Fee & Certificate of Status GIZELDA R Name 2808 NW WILTON MAN City. 954-322- Daytime T	Filing Fee Filing Fee

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)

The name of the corporat	ion shall be: $PEGAS$	sus INDU	15 TR185	INC.	
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address	٨	Mailing address, if different is:		
2808 NU) 3rd AVE		5AME		
WILTON	YANORS, FL				
ARTICLE III PURPO The purpose for which the	SE SE corporation is organized is:	02			
$TO \ \epsilon x$	PORT				
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				A.	
	···		\S.38	2	
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ARTICLE IV SHARE The number of shares of shares	S 100	,	Comme	`	
ARTICLE V INITIA Name and Title	LOFFICERS ANDIOR DIRECTO GIZELDA ROTHE 2808 NW 310 VILTON MANO	$\frac{DRS}{Nb} = \frac{N}{N} \frac{E}{N} \frac{N}{N}$	PRES,		
Address	2808 NW 310	1 AVE Address:		_	
4	ILTON MANO	15			
ŀ	- 33311-240	2			
Name and Title:		Name and Title:	:		
Address		Address:			
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Name and Title:		Name and Title:			
Address		Address:			
					
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FILED

18 JAN 12 PM 3: 33 Name and Title: Name and Title: SURPLICATION STORY ALLOWANTED FROM THE SECTION OF T Address ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: GIZELDA POTHENGELGEN Name: 2808 NW 3rd AVE Address: WILTON MANOR, FL 33311-2402 <u> ARTICLE VII - INCORPORATOR</u> The name and address of the Incorporator is: CHIZELDA KOTHENBELGER Name: 2808 NW 3rd AVE WILTON MANDLS, FL 33311-2402 Address: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity hou da ko Henser grangen 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 \$817.155, F.S. Required Signature/Incorporator 1/9/18