## P18 000 o13 847

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE FEB 1 3 2018

## **COVER LETTER**

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

	ather Barber, PA				
SUBJECT:	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the art				
incrosed are ar	original and one (1) copy of the art	ncies of incorporation and	a check for:		
☐ \$70.6 Filing Fe	•	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL COPY REQUIRED			
FROM:		e (Printed or typed)			
	4538 NE 22 Ad Rd	Address			
	Fort Lauderdale, FL	radicss			
	City, State & Zip				
	954-319-1904				
	Daytime T	elephone number	<del></del>		
	heather@edwardsgroupfl.com				
	E-mail address: (to be use	d for future annual report r	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)

Mailing address, if different is:			
4538 NE 22Nel Rd.			
4538 NE 22 rel Rd. FORT LANderdale FL 333			
LESTATE			
SEC:			
FILED FILED RETARY OF STATE AMASSEE, FLORIDA			
Name and Title:  Address:			
3308			
Name and Title:			
Address:			
Name and Title:			
Address:			

Name and Title:	Name and Title:			
Address	Address:			
		··	_	
	<del></del>			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a	acceptable) of the registered agent is:			
Name: HEATHER BARBO	er			
Address: 4538 NE 22	rel Rd.			
FORT LAWRENDE	TE PL 33308			1 -
<u>ARTICLE VII INCORPORATOR</u>		SECRE TALLAI	18 FE	
The <u>name and address</u> of the Incorporator is:		TAK	F- E	
Name: HEATHER BAR	BCD-	(f) (f) (f)	æ D	4
Address: 4538 NE 21	erd Rel.	LOR	<u>დ</u>	
FORT Lauder	dale FL 33308	DA <sup>FF</sup>	5 <b>9</b>	<b>\$</b>
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specififiling.)	(OPTIONAL) c and cannot be more than five days pri	ior or 90 day	s after the	•
Note: If the date inserted in this block does not meet the document's effective date on the Department of States	ne applicable statutory filing requirements, te's records.	this date will	l not be list	ed as
Having been named as registered agent to accept servi- this certificate, I am familiar with and accept the appoin	ce of process for the above stated corpora ntment as registered agent and agree to ac	ition at the pl t in this cana	ace design	ated in
CILIAB -	-	1/04	lix	
Required Signature/Registere	rd Agent	124	Date	
I submit this document and affirm that the facts stated document to the Department of State constitutes a third	d herein are true. I am aware that the fai degree felony as provided for in \$ 817 155	lse informatie	on submitte	ed in a
( la the for		ihu	10	
Required Signature/Incorporator		4211	Date	