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T. SCOTT

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SECRETARY OF STATE
TALL AHASSEE, FLORID,

COVER LETTER

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

SUBJECT:	C ELLE I	NTER WAT LOL TENAME - MUST INCL	JAL COPPOLATION
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	Victoria (Name Po Box 641		
	BEVERLY HILLS	FLA 34464 State & Zip	
	352 - 228 · 50 Daytime T	579 elephone number	
	Clubbsouth E-mail address: (to be used	17 0 cmail. Con	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)

The name of the corporati	on shall be: CELLE	INTERNAT	MONAL	CORPORATIO	$\omega_{\underline{c}}$
ARTICLE II PRINCI	IPAL OFFICE Principal <u>street</u> address	N	Mailing address, if different is:		
2810 W	CENTULY BUD	Po	BOX 1	41021	
CITEUS S	PRINGS FLA 3443	4 BEVE	FLY	HILLS, FLA	3446U
ARTICLE III PURPO. The purpose for which th	<u>SE</u> e corporation is organized is:	A FOR	PROFIT	COLPOSAR	nen
THAT WIL	L-STALT TONG	BUSINESS 1	N FC	A OUCE	
COMPANY	IS ESTABLISHED	<u>. </u>			
" Profe	ESSIONAL CORO	LATION"			
<u>article v initiai</u>	s tock is: 60,000 Lofficers AND/OR DIRECTOR Victoria Clubb Rest	_		As E	3
Address _	2810 W CENTYER	Address:		A20 3	<u> </u>
	CITEUS SPRIDUS, FEA	<u>34434</u> -		ASSEE, FL	
Name and Title:_		Name and Title:			·
Address		Address:		<u> </u>	
-				<u> </u>	
Name and Title		Nama and Title			
-					

Name and Title	:		Name and Title:	
Address			Address:	
				-
ARTICLE VI REGIS		x NOT acceptable) of	the registered agent is:	
Name:	Jasen C	00N		
Address:	7810 M CEM	TYLY BLVD		
Ci	TRUS SPRING	5 ,FLA 34434		
ARTICLE VII INCO.	RPORATOR			
The name and address	of the Incorporator is:	_		
Name:	Jasen	(00 2)		
Address:	Po Box	641081		
-	BEVERLY	HILLS, FULS	34464	
ARTICLE VIII EFFI Effective date, if other t (If an effective date is l filing.)	nan the date of filing; _	7-1-2018 especific and cannot	. (OPTIONAL be more than five days [.) orior or 90 days after the
Note: If the date inserte the document's effective	d in this block does not date on the Departmen	meet the applicable set of State's records.	statutory filing requiremen	ts, this date will not be listed as
Having been named as this certificate, I am fan	registered agent to acce iliar with and accept th	pt service of process e appointment as reg	for the above stated corpo istered agent and agree to	ration at the place designated in act in this capacity
				5/16/18
	Required Signature/R	legistered Agent		Date
I submit this document document to the Departi	and affirm that the fac nent of State constitutes	ts stated herein are to a third degree felony	rue. I am aware that the as provided for in s.817.1	false information submitted in a 55, F.S.
				5/11/14
Required Sig	nature/Incorporator		-	Date

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