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(Red	questor's Name)	
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PłCK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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SCCCLIARY OF STATE

2018 JUN -- 1 PH 5: 06

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COVER LETTER

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

SUBJECT: Sa	LS Va'S Wor	ad of Welly	less, Inc
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	I a check for:
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	Kelvin F. T		
	5872 62nd	L Street !	Ν
	St. Peters	burg FL	33709
	(813) 422- Daytime	2428 Telephone number	
	Kelvinteel1	161 @ g ma	il.com

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)

ICLE II PRINCI		Mai	ling address, if different is:
	rincipal <u>street</u> address		
872 6	2nd Street	<i>N</i> .	
	sburg FL33		
	J •		
purpose for which th	e corporation is organized is:	Any and all	l legal activiti
nder H	ris Corpor	ition as det	I legal activity termined by it
fficers	and Direc	itors.	<u> </u>
<u> </u>			
		- <u></u> -	
	-		
<u> ICLE IV - SHARI</u>	<u></u>	N 10 1/ \	
TICLE IV SHARE number of shares of	<u>:s</u> Block is: <u>100 shares</u>	-No Par Value.	
number of shares of	stock is: <u>100 Shaves</u>		
number of shares of	dock is: <u>100 Shave3</u> L <i>officers and/or dire</i>	<u>CTORS</u>	President
number of shares of states	Hock is: <u>100 Shaves</u> LOFFICERS AND/ORDIRE Kelvin F. T.	CTORS Name and Title:	President
number of shares of states	Hock is: 100 shaves LOFFICERS AND/ORDIRE Kelvin F. T. 5872 62nd	Name and Title: St. M. Address:	President
number of shares of states	LOFFICERS AND/ORDIRE Kelvin F. T. 5872 62nd St. Petersbi	Name and Title: St. M. Address:	President
number of shares of states	Hock is: <u>100 Shaves</u> LOFFICERS AND/ORDIRE Kelvin F. T.	Name and Title: St. M. Address:	President
number of shares of states	LOFFICERS AND/ORDIRE Kelvin F. T. 5872 62nd St. Petersby 33709	Name and Title: St. M. Address: wg, FL	2 8 1 %(
number of shares of states	LOFFICERS AND/ORDIRE Kelvin F. T. 5872 62nd St. Petersby 33709	Name and Title: St. M. Address:	2 8 1 %(
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Name and Title Name and Title	LOFFICERS AND/ORDIRE Kelvin F. T. 5872 62nd St. Petersby	Name and Title: St. M. Address: Name and Title: Address:	2818 JUN
Name and Title Name and Title	LOFFICERS AND/ORDIRE Kelvin F. T. 5872 62nd St. Petersby 33709	Name and Title: St. M. Address: Name and Title: Address:	2818 JUN
number of shares of states	LOFFICERS AND/ORDIRE Kelvin F. T. 5872 62nd St. Petersby	Name and Title: St. M. Address: Name and Title: Address:	2818 JUN - I PH DE
Name and Title: Address	LOFFICERS AND/ORDIRE Kelvin F. T. 5872 62nd St. Petersby 33709	Name and Title: St. M. Address: Lurg, FL Name and Title: Address:	SEE JUN - 1 PM 3: US SECULATION OF STATE VALLAHASSEE FLORID
Name and Title: Address	LOFFICERS AND/ORDIRE Kelvin F. T. 5872 62nd St. Petersby 33709	Name and Title: St. M. Address: Name and Title: Address:	SEE JUN - 1 PM 3: US SECULATION OF STATE VALLAHASSEE FLORID

Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:
Name: Kelvin F. Teel	2916
Address: 5872 62nd 5	+. N.
St. Petersburg,	FL 33 109
ARTICLE VII <u>INCORPORATOR</u>	TO PE
	21.08 9 21.08 9 21.08 9
The <u>name and address</u> of the Incorporator is:	7
Name: Kelvin F. Tee 5872 62nd	
	 - -
St. Petersburg	HL 33.709
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specifiling.)	ne 1, 2018 (OPTIONAL) fic and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the document's effective date on the Department of State	the applicable statutory filing requirements, this date will not be listed as ate's records.
Having been named as registered agent to accept servithis certificate. I am familiar with and accept the appo	vice of process for the above stated corporation at the place designated in intiment as registered agent and agree to act in this capacity
Required Signature/Register	$\frac{5 - 29 - 2018}{\text{Date}}$
• • •	ed herein are true. I am aware that the false information submitted in a Adverge felony as provided for in s.817.155. F.S.
ancament upone openance of same community with	
Required Signature/Incorporator	5-29-2018 Date
•	

Name and Title:_______Name and Title:______