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(Requestor's Name)					
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PICK-UP	WAIT MAIL				
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(C	Pocument Number)				
Certified Copies	Certificates of Status				
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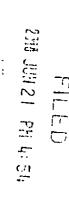


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COVER LETTER Filing cancelled due to returned check

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

SUBJECT:	Cooley Holo	lings	
	`		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	Montreil	T. Thomas (Printed or typed)	
	405 SE M		
_	Mayo FL City	3 2066 , State & Zip	
	386 - 294 - 3	79 5 Telephone number	
_	5thtke 6	Smail. Com	notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Mailing address. if different is: Mayo, FL 32066 Mayor FL 32066 Maricle V SHARES This Corporation will Malling address. if different is: Mailing address. i	e name of the corporation shall be:	Cooley	Holdings	Inc	
RTICLE IV SHARES the number of shares of stock is: Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title:	405 SE Principal street	address	Mail	ing address, if different i	s:
Name and Title: Ashley Cooley CEO Name and Title: Address: Name and Title: Ashley Cooley CEO Name and Title: Address: Boling brook, IL 60490 Name and Title: Ashley Cooley CEO Name and Title: Address: Boling brook, IL 60490 Name and Title: Ashley Cooley CEO Name and Title: Address: Boling brook, IL 60490					
RTICLE IV SHARES the number of shares of stock is: 100	RTICLE III PURPOSE te purpose for which the corporation i	s organized is:	his corpo	ration wil	11
Name and Title: Ashlog Cooley CEO Name and Title: Address: Address 1400 Can you Ct Address: Hos se mills st Mayo, FL 3206 Name and Title: Ashlog Cooley CEO Name and Title: Address: Hos se mills st Mayo, FL 3206 Name and Title: Ashlog Cooley CEO Name and Title: Address: Hos se mills st Mayo, FL 3206 Name and Title: Address: Hos se mills st Mayo, FL 3206 Name and Title: Name and	be used to	Purchas	and t	real real	bustoner.
Name and Title: Ashley Cooley CFO Name and Title: Address: Address 1400 Can you Ct Address: Add					
Name and Title: Ashley Cooley CEO Name and Title: Address: Address 1400 Can you Ct Address: Add					
Name and Title: Ashley Cooley CEO Name and Title: Address: Address 1400 Can you Ct Address: Add					<u>.</u>
Name and Title: Kayen Olive Directors Name and Title: Kayen Olive Director Name and Title: Tavaress M. Thomas P Address Hoo Canyon Ct. Address: Baling brook, IL 60490 405 SE mills St. Name and Title: Ashley Cooley CEO Name and Title: Address Hou Canyon Ct. Address: Boling brook, IL 60490 50 Title: Name and Title: Name and Title: 50 Titl	RTICLE IV SHARES ne number of shares of stock is:	100			
Name and Title: Ashley Cooley CFO Name and Title: Name and T	DELCT V INSTITUTORESCEDE	UND/OR DIRECTORS	refor -	Taylordac	Thursday
Name and Title: Ashley Cooley CEO Name and Title:	Name and Title: Kare	ollie / Pi	Name and Title:	Tavaress M	· Inomas II
Name and Title: Ashley Cooley CEO Name and Title:	Address 1400	Canyon Ct.	Address:	the Cine you	
Name and Title: Ashley Cooley CEO Name and Title:	Baline	brook, IL 6	<u> </u>	405 SE mill	<u>s St.</u>
Address 1400 Can yor Ct Address: Boling brook, 1L 60490 Name and Title: Name and Title:		/ 		Mayo, FL	33066
Address 1400 Can yor C+ Address:	Name and Title: Ashley	Cooley CE	O Name and Title:_	·	
Name and Title: Name and Title:	· · · · · · · · · · · · · · · · · · ·	1 '	Address:	<u> </u>	
Name and Title: Name and Title:	Bolina	book 14 60		٠.	<u> </u>
(J)	<u> </u>	0.901-			171
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ADDITIONS					ு பு
		-	_		

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Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name: Montreil T. Thomas	
Address: 405 SE Mills St.	_
mayo, Fa 3206C	· 23
ARTICLE VII INCORPORATOR	7U# 21
The <u>name and address</u> of the Incorporator is:	•
Name: Montreil T. Thomas	- #: PR D
Address: 405 SE millSSF	<u>r</u> _
mays / FL 32060	<u>-</u>
ARTICLE VIII EFFECTIVE DATE:	(ONTION AL)
Effective date, if other than the date of filing:	not be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records	le statutory filing requirements, this date will not be listed as s.
Having been named as registered agent to accept service of proce this certificate, I am familiar with and accept the appointment as r	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
an m. The	5/21/2018
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein a document to the Department of State constitutes a third degree fel	ony as provided for in s.817.155, F.S.
and M:	5/21/2018
Required Signature/Invorporator	Date .