## P18000092058

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
. Special Instructions to Filing Officer:		
Office Use Only		



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## **COVER LETTER**

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

SUBJECT: /AM	UMY L. BOYO	DOVE/GOMEN TENAME - MUSTINGL	+ Corp
	(PROPOSED COMPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
S70.00 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	DPY REQUIRED
FROM:	TAMMY L.	,	······
-	528 EAST 7.	Au   Russel   Address	Rd
	TLH, FL 32	230/ . State & Zip	
	850. 294 Daytime	/ 438/ Felephone number	<del></del>
•	1 TAMMY BO	yd @ gnail.	Cour_

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 corporation shall be: ANNO	14 L. BOYN DONE lopnion + Cap.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
528 FAST PAUL RUSSET	1/Rd.
72/4 FL. 3230/	
	dis: Community Devolopment; to
	pleden 12095 in our cities different Notupalent; flouiding Clean, SAFE
	ut and titure residents. Working
hand in hand with To	Allahnosor AND SURROUNDS Courties
AND CITIES IN Florida, to	CRONTE AN ATMOSPHENE OF GROWTH
AND PRESPERTY IN INCHA	ideal LIVES AS INELLAS IN THE COMMUNICATION
RTICLE IV SHARES he number of shares of stock is:	
RTICLE V INITIAL OFFICERS AND/OR I	DIRECTORS PRESIDENT
Name and Title: TAMMY (	Boyd (E) Name and Title:
Address <u>SESE.</u>	Address: ST TI
TIHF1 37	2201
141,16 )6	
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:
	<del></del>

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTER <u>ED AGENT</u>	
The name and Florida street address (P.O. Box	NOT acceptable) of the registered agent is:
Name: TAMMY L	Bajel
Address: <u>528 E. F.</u>	PAU / KUGSU//Rd
TLH, FC.	<u>32301</u>
OPTICLE UIL INCODDAD CTOD	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	1944 - Marie
Name: /AMNY L.	Boyd_
Address: 528 E.	Part Russulled
TUH, FL	32301
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing:	(OPTIONAL)
(If an effective date is listed, the date must be filing.)	specific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be fisted as of State's reçords.
	ot service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
	11/08/2018
Required Signature/Re	Mered Agent Date
	is stated herein are true, 1 am aware that the false information submitted in $a \mapsto -s$ a third regree felony as provided for in s.817.155, F.S.
Jan A. 1. 18	11/08/2018
Required Signature/Incorporator	Vate