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(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name)	
(Do	ocument Number)	<u> </u>
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Cartified Casins	Cartificator of	Status
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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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: A	Content (PROPOSED CORPORA	TE NAME - MUST INCLI	ide suffix)	Enc	
Enclosed are an original and one (1) copy of the articles of incorporation and 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	20	
ADDITIONAL COPY REQUIRED AND THE STATE OF T					
8208 Steeplechase Blut. 5					
Orlando Fl 32818 City. State & Zip					
7	Daytime B-mail address: (to be use	Telephone number	O O MA (/ (Cess	' /

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: MA Content CV	istruction
ARTICLE II PRINCIPAL OFFICE Principal street address Mailing a Mailing a	ddress, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Lease Du Construction Equipm	y a Sell
	ZIIII H.IR 2D A
ARTICLE D' SHARES The number of shares of stock is:	7. 16 1. 16
Name and Title: Penelope Slechnedolfitle: Address 8208 Steeple Compared VIANDO FI 32818	President Blud.
Name and Title: OJAIP. Shore Galler A. Shore Galler A. Shore Galler A. See A. S	Hice Pres Blud
Name and Title:	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGE <u>NT</u>	
The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name: Lenelope DIEC	THE
Address: 8208 Steeplech	MASE Blud.
	330,0
	- 3 d b d b = = = = = = = = = = = = = = = =
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	6
Name: Lenelope	slechta, -
Address: 8208 Steeplec	hase BUCL
EXTANCO FI	32818
ARTICLE VIII EFFECTIVE DATE:	ASSESSED TO A SECOND STATE OF THE SECOND STATE
Effective date, if other than the date of filing:	
filing.)	
<u>Note:</u> If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
the dicament's effective date on the Department of State s records.	
Having been named as registered agent to accept service of process	
this certificate, I am familiar with and accept the appointment as re-	asserved agent and agree to act in this capacity
Required Signature/Registered Agent	$\frac{3-30-3019}{\text{Date}}$
I submit this document and affirm that the facts stated herein are	true. I am aware that the false information submitted in a
document to the Department of State constitutes arthird degree felor	
Longlope South	3-20-2019
Required Signature/Incorporator	Date