P19000031753

(Requestor's Name)
(Address)
(1001000)
(Address)
(City/State/Zip/Phone #)
•
PICK-UP WAIT MAIL
'
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



04/16/19--01002--009 **70.00

19 APR 15 PH 4: 2

COVER LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

S70.00 S78.75 S87.50
Filing Fee Filing Fee & Certificate of Status

Certificate of Status

ADDITIONAL COPY REQUIRED

Sanford Florida 3277/
City. State & Zip

Regina Jean 75 @ Mill Constitution)

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)

10001	<u> VCIPAL OFFICE</u>					
5224 W.	Principal street address	مال مال	ì	Mailing address, i	f different is:	
	F/ 3277					_
ARTICLE III PUR The purpose for which	POSE n the corporation is orga	anized is:QU	legal	Busine	25 S	- -
						_
				- 		
			······································		\$60 cm	
	RES of stock is:OC	OR DIRECTORS			. 29	
	. Kansas	#	. برون در			
	ide: Maina =	n Anthony				_
Name and T	5724 Byron					
Name and T Address	5724 Byron	n Anthony Fl 32771	Address: —			
Name and T Address	5724 Byron Santord	n Anthony Fl 32771	Address: Address: Name and Title	· · · · · · · · · · · · · · · · · · ·		
Name and T Address Name and Ti	5724 Byron	n Anthony Pl 32771	Address: Address: Address: Address:	:		_
Name and T Address Name and Ti Address	5724 Byron Sanford	n Anthony Pl 32771	Address:			<u> </u>
Name and T Address Name and Ti Address	5724 Byron	n Anthony Pl 32771	Address:			<u> </u>

Name and Title:	Name and Title:
Address	Address:
. —————————————————————————————————————	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NO	
Name: Kegina Dear	
Address: 5724 64700	Anthony Pace
Address: 5734 Byron Smford Florid	la 32771
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Reging Jea	<u></u>
	Anthony Pace
School F	3277
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be spefiling.)	(OPTIONAL) reific 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	et the applicable statutory filing requirements, this date will not be listed as State's records.
	ervice of process for the above stated corporation at the place designated in opointment as registered agent and agree to act in this capacity
Required Signature/Regis	stered Agent Date
V	tated herein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a to	hird degree felony as provided for in s.817.155, F.S.
Kldlen	4/15/19
Required Signature/Incorporator	iXite