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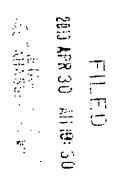
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COVER LETTER

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

SUBJECT: W	MKINS SOW	Ices Inc		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>ude Suffix</u>)	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	I a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee. Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM:				
 -	142 STILES OLHNGE PA	Address Address	32073	
_	- •	State & Zip 258774 Telephone number		
_		l'elephone number S S J J A J ed for future annual report		

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)

name of the corporation sha		•		
Princip	<u>OFFICE</u> val <u>street</u> address	Mi	Mailing address, if different is:	
142 STICES	1, 32073			
NANGE PARK	1, 32073			
FICLE III PURPOSE purpose for which the corp	oration is organized is:	MANSPONTA	77 ow, LAND CCE	41
				
				
	:			
number of shares of stock is TCLE V INITIAL OFF	ICERS AND/OR DIRECTOR			
number of shares of stock is TCLE V INITIAL OFF Name and Title: 24 Address	CERSAND/OR DIRECTOR STICES AU	Es _ Name and Title:_		
number of shares of stock is TCLE V INITIAL OFF Name and Title: 24 Address	ICERS AND/OR DIRECTOR	Es _ Name and Title:_		
number of shares of stock is TCLE V INITIAL OFF Name and Title: 24 Address	CERSAND/OR DIRECTOR STICES AU	Name and Title:Address:		
number of shares of stock is TCLE V INITIAL OFF Name and Title: ZA Address AC	CERSANDIOR DIRECTOR ANE WATKNS IN Z STICES AU LANGE PARK	Name and Title:	A CONTRACTOR OF THE CONTRACTOR	
Name and Title: Name and Title:	CERS AND/OR DIRECTOR ANE WATKINS JE Z STICES AU LANGE PARK 32073	Name and Title:		
number of shares of stock is TICLE V INITIAL OFF Name and Title: Z Address Name and Title:	CERS AND/OR DIRECTOR ANE WATKINS IN 2 STICES AU LANGE PARK 32073	Name and Title:	A CONTRACTOR OF THE CONTRACTOR	
number of shares of stock is TCLE V INITIAL OFF Name and Title: Z Address Name and Title: Name and Title:	CERS AND/OR DIRECTOR ANE WATKINS IN Z STICES AU MINGE PARK 32073	Name and Title:	A A SILL EN	
Name and Title: Address Name and Title: Address Name and Title:	CERS AND/OR DIRECTOR ANE WATKINS IN Z STICES AU MINGE PARK 32073	Name and Title: Address: Name and Title: Name and Title: Name and Title:	A CONTRACTOR OF THE CONTRACTOR	

Name and Title:	Name and Title:	
Address	Address:	
···		
		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a	econtable) of the registered amount is	
Name: ZANE WATTEINS	S	•
Name: ZANE WATTEINS Address: 142 STICES AC MANISE PARK R		
MANIE PARU K	27073	
		7
ARTICLE VII INCORPORATOR		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
The <u>name and address</u> of the incorporator is:		
Name: ZANE WATK 1	<u>~</u>	ATTO SECOND
Address: 147 STILES P Olanlot Park	RF_	
olanlot Park	12073	
ARTICLE VIII EFFECTIVE DATE:		
Effective date, if other than the date of filing:	and cannot be more than five days	d.) prior or 90 days after the
filing.)		•
<u>Note:</u> If the date inserted in this block does not meet the the document's effective date on the Department of State	e applicable statutory filing requirement's records.	ents, this date will not be listed as
Having been named as registered agent to accept service this certificate, I am familiar with and accept the appoint	e of process for the above stated corp tment as registered agent and agree to	poration at the place designated in or out in this capacity
	3	1/20/10
Required Signature/Registered	1 Agent	Date
I submit this document and affirm that the facts stated document to the Department of State constitutes a third is	herein are true. I am aware that the	? false information submitted in a
A state Consumers a minut	acsi ce jeiony us provided for in \$.81 /.	1155, c.s.
Required Signature/Incorporator		4/40/15 Date