P1900049072

| (Requestor's Name) | | | | |
|---|--------------------|-----------|--|--|
| (Address) | | | | |
| (Ac | ldress) | | | |
| (Ci | ty/State/Zip/Phone | #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| 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: | PROPOSED CORPORA | wc. | |
|----------------------|--|--|---|
| | (PROPOSED CORPORA | TE NAME – MUST INCL | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the arti | 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 ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REOUIRED |
| FROM: | Cheeyl Ech | e (Printed or typed) | |
| | 7530 14/s | + S+ Address | |
| | Seminole, 7 | 33776 State & Zip | |
| | 7)7- 224 Daytime T | - 824/ elephone number | |
| | CECHEET © E-mail address: (to be used | not mail . Co | notification) |

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)

| ARTICLE I NAMI The name of the corpor | E ation shall be: | k, Ivc | |
|--|----------------------------------|-----------------|--------------------------------|
| ARTICLE II PRIN | Principal street address | Mail | ling address, if different is: |
| 1530 14 | | | |
| Saninole | 76 33776 | | ·_ |
| ARTICLE III PURF The purpose for which | the corporation is organized is: | nceets | |
| | | | |
| | | | |
| | | | 70 |
| - | IAL OFFICERS AND/OR DIRECTORS | O Va S | |
| Name and Tit | 2530 14/st St | Address: | |
| | Servinole 70 3: | 3 <u>7</u> 76 _ | |
| Name and Titl | c: | Name and Title: | |
| Address | | | 20 9 JUV |
| | | | 100 |
| Name and Titl | c: | Name and Title: | |
| Address | | | |
| | | | |

| Name and Title | 3: <u></u> | Name and Title: | |
|---|--|------------------------------------|--|
| Address | | Address: | |
| | | | |
| | | • | |
| | | | |
| | | | |
| | STERED AGENT | | |
| The name and Florida | street address (P.O. Box NOT accep | table) of the registered agent is: | |
| Name: | Jessica Hawley | / | |
| Address: | (17530 KUIH | () | |
| Address. | Seminole 96 3 | 3776 | |
| | | - | |
| ABTRICATE IN THE | annon (mon | | |
| <u>ARTICLE VII INCO</u> | <u>KPOKATOR</u> | | |
| The name and address | | 1 | |
| Name: | Checyl Ech | ext | |
| Address: | 7530 14/st SX | | |
| Addiess. | C -2 / 5 5 5 | 3776 | |
| - | Seminole, FC E | 007/0 | |
| | | | 7 |
| ARTICLE VIII EFF Effective date, if other | ECTIVE DATE: than the date of filing: $06/6$ | 04/19 (OPTION | (AT.) |
| (If an effective date is | listed, the date must be specific and | | |
| filing.) | | • | |
| | ted in this block does not meet the app | | nents, this date will not be listed as |
| the document's effective | e date on the Department of State's re | ecords. | |
| Having beemnamed as | registered agent to accept service of | process for the above stated co | rporation at the place designated in |
| | miliar with and accept the appointmen | | |
| Senia | 21.0/ | | |
| - 1 | Required Signature/Registered Age | ent | Date |
| [] I submit this document | / t and affirm that the facts stated here | ein are true. I am aware that ti | he false information submitted in a |
| | tment of State constitutes a third degr | | |
| (// // | en Ent | | 6/11/10 |
| Required Si | gnature/Incorporator | | Date |