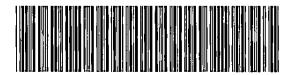
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Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	NU-les Benfiver	ng Grading IN TENAME-MUSTINCLI	JC,
	(PROPOSED CORPORA		
\$70.00 Filing Fee	\$78.75 Filing Fcc & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fec, Certified Copy & Certificate of Status
FROM:	Couries Protiven	Na-P-Presid	ent cos

239 - U 45 - 2528

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the corpora	ion shall be: <u>CNQ-125</u>	15entivegny	y y y
TICLE II PRINC	<u>TPAL OFFICE</u> Principal <u>street</u> address		Mailing address, if different is:
	15+W 5 FL 33971		
	OSE the corporation is organized is:	grading	Contractor
	RES of stock is: TAL OFFICERS AND/OR DIRECT		lo-LCB
ARTICLE V INIT	ide: <u>(NOTES BENTVEG</u> O	CTORS WPEN Name an	nd Title:
ARTICLE V INIT	IAL OFFICERS AND/OR DIREC	CTORS - POS - When Name and Address	nd Title:
Name and T Address	ide: <u>Mirks Bentivign</u> 2821 45th St. W Lehigh Acres, Fl	CTORS CU - OWNER Name and Address - 3357-1	nd Title:
Name and T Address	ide: <u>Mirks Bentivign</u> 2821 45th St. W Lehigh Acres, Fl	Address Name a Name a Address Address	nd Title:
Name and T Address Name and T Address	ide: Northes Bentivign 2821 45th st. W. Lenigh Heres, Fo	Address Name a Name a Address Address	nd Title:s:
Name and T Address Name and T Address	ide: Northes Bentivign 2821 45th st. W. Lenigh Heres, Fo	Address Name a Name a Name a	and Title:

		00676	T CB	
		PICOLOM	Wisher Charles	
Name and Title	or Martin Renthround	Name and Title 9	JUL IA AL	The state of the s
Address	451 451 N ST W	Address: _	AFT	<i>▶ 0</i> /
	Lyman Along The 33	<u> </u>		
	J		<u> </u>	
				
ARTICLE VI REGI	ISTERED AGENT			
The name and Florida	a street address (P.O. Box NOT acceptable	e) of the registered age	ent is:	
Name:	thartes frontivegna			
Address:	9861 49m H W			,
<u>i j</u>	man Arms FL 334	<u>}· </u>		
	U			
ARTICLE VII INC				
The name and addre	ss of the Incorporator is:			
Name:	<u>Chans Pontivegali.</u>			
Address:	2021 457 D. F. W			
	Irman Acris, Fl 33			
	''			
ARTICLE VIII EF Effective date, if other		9	OPTIONAL)	or 90 days after the
(If an effective date filing.)	is listed, the date must be specific and c	annot be more than	nve days prior	0. 70 31
Note: If the date ins	serted in this block does not meet the applic	cable statutory filing t	requirements, thi	is date will not be listed as
the document's effect	ctive date on the Department of State's reco	ords.		
Having been named this certificate, I am	l as registered agent to accept service of pa familiar with and accept the appointment	rocess for the above s as registered agent at		. 1
	Required Signature/Registered Ager			U1719 Date
	nent and affirm that the facts stated herei partment of State constitutes a third degree	in are true. I am awa	are that the false or in s.817.155, .	information submitted in a F.S.
Charles Requires	Sentice Ang-P-pred Signature/Incorporator	usident cs		9/17/19 Date