P20000018413

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

Office Use Only



100341168471

03/02/20--01004--002 **87.50



2020 MAR - 2 AM 7: 5

J. FASON MAR 0 2 2020

COVER LETTER

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

SUBJECT:	A VIS CONST	TE NAME – MUST INCLI	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:		
□ \$70.00 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 PY REQUIRED		
FROM: LEFF Sullan Name (Printed or typed) 200 & Tennessee Are					
	Seffingo	State & Zip State & Zip elephone number for future arguital report n	3584 037 (A Low 1001)		

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)

TICLE II PRINCI				
706 ETE	rincipal <u>street</u> address	Lue	Mailing address, if different	is:
Settner	1-133564			
FICLE III PURPOS	<u>SE</u> e corporation is organized	Lie Droft		
purpose to when the	emperation is organized	(1.15		
·				
TICLE IV SHARE	e.			
TICLE IV SHARE, number of shares of st				
number of shares of st	ock is:/(\rangle) OFFICERS AND/OR D			
number of shares of st	ock is: <u> (W)</u> <u>OFFICERS AND/OR D</u> TEFFS/11(WA	Presi Name and Titl	le:	
number of shares of st	ock is: <u> (W)</u> <u>OFFICERS AND/OR D</u> TEFFS/11(WA		le:	
number of shares of st FICLE V INITIAL Name and Title:	ock is: <u> (W)</u> <u>OFFICERS AND/OR D</u> TEFFS/11(WA	Presi Name and Titl	le:	
number of shares of st FICLE V INITIAL Name and Title:	ock is: <u> (W)</u> <u>OFFICERS AND/OR D</u> TEFFS/11(WA	Presi Name and Titl	le:	
number of shares of st FICLE V INITIAL Name and Title:	ock is: <u> (W)</u> <u>OFFICERS AND/OR D</u> TEFFS/11(WA	Presi Name and Titl	le:	
number of shares of st FICLE V INITIAL Name and Title: Address -	ock is:/W OFFICERS AND/OR D TEFFS IIWA 206 E Per School	Presi Name and Titl		
number of shares of st FICLE V INITIAL Name and Title: Address Name and Title:	ock is:/W OFFICERS AND/OR D TEFFS IIWA 206 E Fen Seffner	Presi Name and Title nessee Address: El 33584 Name and Title	le:	
number of shares of st FICLE V INITIAL Name and Title: Address Name and Title:	ock is:/W OFFICERS AND/OR D TEFFS IIWA 206 E Fen Seffner	President Till nessee Address: EL33584	le:	
number of shares of st FICLE V INITIAL Name and Title: Address Name and Title:	ock is:/W OFFICERS AND/OR D TEFFS IIWA 206 E Fen Seffner	Presi Name and Title nessee Address: El 33584 Name and Title	2020 HAR 5 5 5 1	
number of shares of st FICLE V INITIAL Name and Title: Address Name and Title:	ock is:/W OFFICERS AND/OR D TEFFS IIWA 206 E Fen Seffner	Presi Name and Title Presi Name and Title Mame and Title Address:	2020 HAR - 2	
number of shares of st FICLE V INITIAL Name and Title: Address Name and Title: Address Address	ock is:/W OFFICERS AND/OR D TEFFSILVA 206 & 7en Sefficer	Presi Name and Title Name and Title Name and Title Address: Address:	2020 HAR -2 AM 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
number of shares of st TICLE V INITIAL Name and Title: Address Name and Title: Address Name and Title:	ock is:	Presi Name and Title Name and Title Name and Title Address: Name and Title Name	2020 HAR -2 AM 7: 5 CE - 1 - 1 .5 SEE E	
number of shares of st TCLE V INITIAL Name and Title: Address Name and Title: Address Address	ock is:	Presi Name and Title Name and Title Name and Title Address: Address:	2020 HAR -2 AM 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	`the registered agent is:
Name TEFFS ///	
Address: ZULE HENR SE	e Arr.
Address: 206 Fland Ser	tr V
	۱ ۵ ر
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Joth Sulliva	
Address: 206 E Pennessee Scher F1335	e.he
Jether [133]	JY
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot	. (OPTIONAL) of be more than five days prior or 90 days after the
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
and the annual of the control and the perpendicular to the original of the control and the perpendicular to the control and th	
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as register	
	3/2/26
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	
	3/2/20
Required Signature/Incorporator	Date Date

Document number P 18 000088.	will not Reinstate or revoke the dissolution Enc	
And will file a new filing with the same name		
	3/2/20	>
SIGN NAME	DATE	