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COVER LETTER

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

Tallallassee, FL 32	.514			
SUBJECT:	(PROPOSED CORPORAT	IT CHYL PO TE NAME - MUST INCLU	-1/ /	INC.
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	PAID
FROM:	1830 3'0	(Printed or typed) CH NW ddress		
	Winter Her	State & Zip	3388 /	
-	U07 8 Daytime Te	Flephone number	35	
<u></u>	E-mail address: (to be used)	otification)	non APR 27 PM
	more, ricase provide the or	iginai and one copy of	mo.	

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

The name of the corporation shall be:	Male Che	POPLINGE TIME.
ARTICLE II PRINCIPAL OFFICE		
Principal street address	Mai	ling address, if different is:
021910 MUNI FE 3380	1	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: (C)	CLUE WEVE -	C DROUKLE Scane
AN JURA, NONDONACK. CIE	OD POSSACCO	ati na inci nastiliani
TO JUEN MOTOR NO MONTES	CAT TURNES	cises Love Our
COCHE 10 4 & CIKE OUR CLES	emine feel	JOURCH Maizou
and extotica at all	1:1165 Fin	outly or Due OD
we do it widen hove	WE CIVE I	Lete 10 lenge
Boundy to andior level		
•	100 C	R. VIG. 1
ARTICLE IV SHARES The number of shares of stock is:		1-0 ac (Bunnacio
Section 1.		Flore Coloniación CINCL TOOLLACVE I
Name and Title ACTOR HUNTON	a description	
Address 1530 3'C CA NU		
112:11 for Horse	Address:	
1 (32.66)		
Name and Title:	Name and Title:	
Address	Address:	2020 Silv
		A P TO
		AHII
		SSE PA
Name and Title:	Name and Title:	THE STATE OF THE S
Address	Address:	53 ATE

Name and Title:		Name and Title:	
Address		Address:	
	<u>FERED AGENT</u> reet address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	iava Hunter		
Address: 18°	30 3° (S+ N)	<u>o</u> ,	
المُن الم	Dinter Acroph	1 1	2020 3
ARTICLE VII INCOR	<u>PORATOR</u>		2020 APR 2
The <u>name and address</u> o	the Incorporator is:		27 (HA)
Name:	Licirci Hunt	er	PH.
Address:	1830 3° ST N		7: 53 STATE E, FL
	Dinter Hauen	f(33881	1,1
ARTICLE VIII <u>EFFE</u>	CTIVE DATE:		
	an the date of filing:		
filing.)	ted, the date must be specific and	candot be more than five days	prior or 90 days after the
Note: If the date inserted	in this block does not meet the app	licable statutory filing requiremen	ts, this date will not be listed
the document's effective	date on the Department of State's re	ecords.	
Havina haan namad as ra	gistered agent to accept service of pr	acess for the above stated cornorat	ion at the place designated in
	vith and accept the appointment as i		
			4/22/2
	Required Signature/Registered Age	nt	Date
I suhmit this document o	nd affirm that the facts stated here		false information submitted
	ent of State constitutes a third degre		
() Den			4/22/2
Required Signature/Incor	porator	L.	Pate 7 100 7 10