P200000 74659

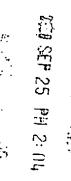
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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09/25/20--01017--016 **70.00



STON SET ZO AM

C RICO SEP 2 5 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JAISHIVA, P.A.		
		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: Seth	00/24/20	UCC 1 or 3 File
	$\frac{09/24/20}{\text{Date}} {\text{Time}}$	UCC !! Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

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

SUBJECT:					
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM:	WALTER H. MESS Nam	TICK e (Printed or typed)			
	951 YAMATO RD.	SUITE 250 Address			
	BOCA RATON, FL	3343 / State & Zip			
_	561/994-595 Daytime	6 Telephone number			
_	MESSICKW @ G	ALYANMESSICA			

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)

different is: PAL ADDRESS
2020 SEP 25
<u> </u>
1: 26

Name and Title:	Name and Title:
Address	Address:
-	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box	x NOT acceptable) of the registered agent is:
Name: <u>GALVAN MESS</u>	ICK, PLIC
Address: 95(YAMATO A	•
BOCA RATON,	FL 33431
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: WHLTER H A	
Address: 95(YAMATO	RD., SUITE 250
	1, FL 33431
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: _ (If an effective date is listed, the date must b filing.)	. (OPTIONAL) De specific and cannot be more than five days prior or 90 days after the
- '	ot meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departme	ent of State's records.
costificate Lam familias with and accent the at	ept service of process for the above stated corporation at the place designated in the ppointment as registered agent and agree to act in this capacity
BY: Norm to ment, MI	
Required Signature/	Registered Agent
I submit this document and affirm that the fa document to the Department of State constitute	acts stated herein are true. I am aware that the false information submitted in es a third degree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	SEP24 2020
Required Signature/Incorporator	Date