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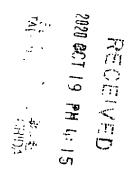
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COVER LETTER

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

SUBJECT:	Serves Pour (PROPOSED CORPORA	ol Sevices ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	l a check for:
	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Sabrina Nam	Additional Co	
_	1437 Mark		
	Tanahassee	FL 32.3	12
	(950) 8 (5 - C	Z 56 Telephone number	
_	Sabring a) 5 W E-mail address: (to be use	ora me shi e i	notification)

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

7376 Capi	Principal street address	Mailing ac	Mailing address, if different is:	
ARTICLE III PURI The purpose for which	POSE the corporation is organized is:	ny and all leg	al business.	
			2020 OCT	
ARTICLE IV SH.4 The number of shares of	of stock is	OPS	19 AHII: 20	
	ilc: Jose Lutia (1905)			
Address	7376 Capital cire Tallahassee, FL 32308	AL NE Address:		
Name and Ti	ile: TSAGE Darzi (K Pr	(S. Lent) Name and Title:		
Address	741445544, FL	·		
	_32308			
Name and Ti	tle:	Name and Title:		

Name and Title:	Name and Title:
	Address:
	
	
SOMEON AND SOME	
<u>ARTICLE VI REGISTERED AGENT</u> The <u>name and Florida street address</u> (P.O. Bo)	NOT acceptable) of the registered agent is:
Name: MIZZIELEN MZ	MIDELGEON, P.A.
Address: 1437 Morke	<u>- 5+, , </u>
THIAMASSE	
ARTICLE VII <u>INCORPORATOR</u>	
The <u>name and address</u> of the Incorporator is:	
Name: Sabaina	Arrea
Name: Scheins Address: 1437 Mar	cet St.,
Tallah ass.	u, FL 32312
(If an effective date is listed, the date must b	. (OPTIONAL) e specific and cannot be more than five days prior or 90 days after the
filing.)	
Note: If the date inserted in this block does not the document's effective date on the Department.	t meet the applicable statutory filing requirements, this date will not be listed as not of State's records.
Having been named as registered agent to acce certificate. I am familiar with and accept the ap	ot service of process for the above stated corporation at the place designated in this pointment as registered agent and agree to act in this capacity
SB	10/16/20
	Keğişleren Ağeni
I submit this document and affirm that the follocument to the Department of State constitute	cts stated herein are true. I am aware that the false information submitted in a s a third degree felony as provided for in s.817.155, F.S.
SB	Date 10/16/20
Required Signature/Incorporator	Date