## P21000002127

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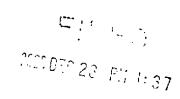


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## **COVER LETTER**



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

SUBJECT:	V. W. Mo	ISS IN	16
	(PROPOSED CÓRPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRE			
FROM:	WALTER IN Name 10441 OLD	Possible (Printed or typed)  Address	CIRCLE
B	RADENTON Shy.	State & Zip	4212
	540 - 76 Daytime T	- 3-0// Telephone number	<del></del>
	E-mail address: (to be used	d for future annual report r	CoM notification)

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)

CLE IV SHARES unber of shares of stock is:    CLE IV INITIAL OFFICERS AND/OR DIRECTORS     Name and Title:   Name and Title:     Name and Title:   Name and Title:     Name and Title:   Name and Title:   Name and Title:     Name and Title:   Name	Anne of the corporation shall be:	W. MOSS INC
SIGNATURES  ICLE IV SHARES  number of shares of stock is: /OOO  ICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: WALTER MOSS REMARKES:  BLANDATON, FL 342/2  Name and Title: Name and Title: Name and Title: Address  Name and Title:	ICLE II PRINCIPAL OFFICE	
PICLE IV SHARES INTELLE V SHARES INTELLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: WHITTEL MOSS, ARE Marie and Title: Address 1044/OLD GROVE CIRCLES: BLANDITON, FL 342/2  Name and Title: Name and Title: Name and Title: Address Address:	-	
Name and Title:	<u>FICLE III PURPOSE</u> purpose for which the corporation is organized	is: SALES REPRESENTATIV
Name and Title:		
Name and Title:		
Name and Title:		
Name and Title: WALTER MOSS, RENAME and Title:  Address 1044/OULGROVE CARDATESS:  BLANDATON, FL 342/2  Name and Title: Name and Title:  Address Address:  Name and Title: Name		
Name and Title:		70
BLADENTON, FL 342/2         Name and Title:       Name and Title:         Address       Address:         Name and Title:       Name and Title:	TICLE V INITIAL OFFICERS AND/OR D	
Address:  Address:  Name and Title:  Name and Title:	number of shares of stock is: // // // // // // // // // // // // //	1055, MEName and Title:
Address:  Address:  Name and Title:  Name and Title:	Name and Title: WALTER N Address 1044/000	MOSS, RENAME and Title:  GROVE CIRCLETESS:
Name and Title: Name and Title:	Name and Title: WALTER N Address 1044/000	MOSS, RENAME and Title:  GROVE CIRCLETESS:
Name and Title: Name and Title:	Name and Title: WALTER AND/ORD  Address 1044/0000	MOSS, MEName and Title:  GROVE C. Molderess:  1 342/2
	Name and Title: WALTER M.  Address 1044/0100 BLADINTON, F.  Name and Title:	Name and Title:  Name and Title:  Address:
Address Address:	Name and Title:  Name and Title:  Name and Title:  Address  Name and Title:  Address	MOSS, MEName and Title:  GROVE C. Molderess:  Name and Title:  Address:
	Name and Title:  Name and Title:  Name and Title:  Address  Name and Title:  Address  Address	MOSS, MEName and Title:  GROVE C. Moderness:  Name and Title:  Address:

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	s:
Name: WALTER M	155	
h-1	ROVE CIRCLE	
	L 34212	
DRHIKNION, T	L)1010	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: WALTER 11	4055	
Address: 10441 OLA	GROVE CIRCLE	
/	U. FL 342/2	
DATE OF THE STATE	<u>0,100</u> 1212	
ARTICLE VIII EFFECTIVE DATE:	/ 2 - 2021	
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:		
filing.)	, pecula and cannot be more than the d	and by the of the angle and the
Note: If the date inserted in this block does not r		ements, this date will not be listed as
the document's effective date on the Department	of State's records.	
Having been named as registered agent to accep		
this certificate, I am familiar with-and accept the	appointment as registered agent and agre	ee to act in this capacity
will afford		12-14-2020
Required Signature/Re		Date
I submit this document and affirm that the facts document to the Department of State constitutes of	s stated herein are true. I am aware that a third degree felony as provided for in s	t the false information submitted in a 817.155, F.S.
11 1 1 In Salar 1-		12-14-2020
Required Signature/Incorporator	<del></del>	Date