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(Re	equestor's Name))
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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RECTION

CAPITAL CONNECTION, INC.

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

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ROBERT WAY	NE NORVELL SI	R PA	1			
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			Ari c	of Inc. File		
			L.TD	Partnership File		
			Fore	ign Corp. File		
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COVER LETTER

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

	RT WAYNE NORVELL SR PA (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
closed are an orig	inal 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	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status DPV REQUIRED
		ADDITIONAL CC	or i keQuikeb
176	300 GLADES CUT OFF RD	Address	
	RT ST LUCIE, FL 34987 City,	State & Zip	···-
<u>P0</u>			
	-370-1306		
		elephone number	

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

CLE II PRI	NCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
00 GLADES DT STILLO	CUT OFF RD IE. FL 34987		
NIST LOC	IL, FL 34807		
CLE III PUR	PPOSE		
urpose for which	h the corporation is organized is: TO ENG	AGE IN ANY	AND ALL LAWFUL PRACTIC
L ESTATE		· - ·	

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CLE IV SHA	<u>RES</u> 100		
TLE IV SHA mber of shares of	RES of stock is: 100		
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Mber of shares of the V INIT Name and Title Address Name and Title Address	IAL OFFICERS AND/OR DIRECTORS RIE: ROBERT WAYNE NORVELL SR PRE 17600 GLADES CUT OFF RD PORT SAINT LUCIE, FL 34987	Address: Name and Title: Address:	3 S G (##5)

	nd Title:	
Addres		Address:
ARTICLE VI	REGISTERED AGENT	
	Torida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	ROBERT WAYNE NORVELL SR	
Address:	17600 GLADES CUT OFF RD	
	PORT ST LUCIE, FL 34987	
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	ROBERT WAYNE NORVELL SR	
Address:	17600 GLADES CUT OFF RD	
	PORT SAINT LUCIE, FL 34987	
ARTICLE VIII	EFFECTIVE DATE:	(OPTIONAL)
Effective date, if	other than the date of filing:	be more than five days prior or 90 days after the
Effective date, if (If an effective d filing.) Note: If the date	other than the date of filing: Inte is listed, the date must be specific and cannot	. (OPTIONAL) be more than five days prior or 90 days after the statutory filing requirements, this date will not be listed as
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