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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Sasmoss Zimi) riame)
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Queeri (PROPOS	OT THE	United S ENAME-MUSTINGE	UDE SUFFIX)
Enclosed are an	original and one (1) o	copy of the article	es of incorporation and	la check for:
□ \$70.0 Filing Fo		of Status	☐ \$78.75 Filing Fee & Certified Copy	✓ \$87.50 Filing Fee. Certified Copy & Certificate of Status
			ADDITIONAL CO	OPY REQUIRED

FROM: Andrus Boyd Grzyson Name (Printed or typed)
109 S. PERK St.
DeFunizh Springs FL 32435 City. State & Zip
850 520-4048 or 850 419 3229 Daytime Telephone number
F-mail address: (to be used for future annual report 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)

of the United States,	I)
Mailing address, if different is:	
All Rame and Title: Address: Ag 5, Fl- 32435	
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Name and Title:	•
	Mailing address, if different is: 2 that if Page 2 that (N-2001) Mage 2 that Public of Phenominal wow. Manir Magy King King ettes Madress: Address: 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 accept	table) of the registered agent is:
Name: Andrew Bryd Green	<u> १७८८ -</u>
Address: CARON JO ALEXANTER STORY FOR	<u>L 3243 5</u>
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	^
Name: Andrus Boyd G	15/201
Address: 19 South Flick	St Color
Octupal Spring	15 FL 32435
	17 / DEN 1, 2002)
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL)
(If an effective date is listed, the date must be specific and filing.)	d cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the appearance of State's resulting the document's effective date on the Department of State's resulting the control of State's resulting the c	plicable statutory filing requirements, this date will not be listed as records.
Having been named as registered agent to accept service of p	rocess for the above stated corporation at the place designated in this
certificate, I am familiar with and accept the appointment as	registered agent and agree to act in this capacity
Required Signature/Registered Ag	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a third degr	ce felony as provided for in s.817.155, F.S.
- anchor B. Tregara	
Required Signature/Incorporator	Date Jan 12022