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(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:	(Demontal News)
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SECRETARY OF STATE

COVER LETTER

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

SUBJECT:	PROPOSED CORPORA	NC.	
~	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00 Filing Fee	№ \$78.75Filing Fee& Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	
FROM:	KAY (Y) ARI Name 89.58 W STA Fr. Caroarones. City!	TE Ro 84 "1 Address	170
	315-5- Daytime T	72 –7 50 y elephone number	
	Kaynarschke G E-mail address: (to be use	d for future annual report n	otification)

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)

<u>IRTICLE II PRINCIPAI. OFFICE</u>		
Principal street address 8958 W. STATE Ro. 84 1170 FT. LANDERDALE, PL 33374	Mailing address	s, if different is:
THE purpose for which the corporation is organized is:	2000CE BOAT SERVICE	್ತ್
		2022 APR SECRET
RTICLE IV SHARES he number of shares of stock is: 2.50		APR 18 PH
Name and Title: KAY MARSCHKS, PRES		6: 52 STATE LORIDE
Address 8958 W STATE Ro.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
FT. LANDERDALE, FL. 3	3327	
Name and Title:	Name and Title:	
Address		
Name and Title		
Name and Title:		
Address		

Name and Ti	tle:	Name and Title:	
Address		Address:	
	SISTERED AGENT	acceptable) of the registered agent is:	
Name:	KAY MARSCHKE	. , ,	
Address:	8958 W. STATE	Ro. 84 "1170	
_	Fr. Lawesserma, F.	,	202
ARTICLE VII INC	<u> </u>		2022 APR 18 SEURLIARI FALLAHASSI
The name and address	ss of the Incorporator is:		R 18 AASS
Name:	KAY MARSCHK	<u> </u>	
Address:	8958 W. STATE	RO. 84 #1170	ر المارية 1. وق
	FT. CAVOSCOALS	Fz. 3332.4	S2 RID.
ARTICLE VIII EF	FECTIVE DATE: r than the date of filing:	5 22 (OPTION	
	<u> </u>	ic and cannot be more than five da	
	rted in this block does not meet t ive date on the Department of Sta	he applicable statutory filing requiren	nents, this date will not be listed
Having been named a	s registered agent to accept servic	e of process for the above stated corpo	ration at the place designated in
certificate, I am famil	iar with and accept the appointme	ent as registered agent and agree to ac	t in this capacity
- Xu ly	Required Signature/Registere		4/15/22.
9	Required Signature/Registere	ed Agent	Date
		ed herein are true. I am aware that th I degree felony as provided for in s.81%	
10 11	11:	-	41.122
1.500 1937 4			