

(Rec	uestor's Name)	
(Nec	questor's Name/	
(Add	iress)	
(Add	iress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
• (Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

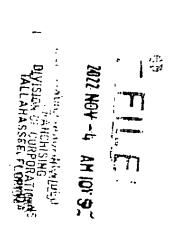
Office Use Only

T. SCOTT;



100397351201

11/04/22--010:0--010 **190.70



COVER LETTER

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

٠.٠..

SUBJECT: DCW PYLYSTON CONTITUDE (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

□ \$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

□ \$78.75

E \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

POR Shaketa Property Name (Printed or typed)

POR 1416

Address

Pelle Glade F 3430

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for further 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)

The name of the corpora	ation shall be: NCW BOU	ndure	- Corporal	100
ARTICLE II PRIN	CIPAL OFFICE Principal street address TO AHP LOT III	PO	Mailing address if different	is: 33436
	OSE the corporation is organized is: 10 C	orduct 1	nealthy b	usineses
			EIVISIDH OF CO	C 3077 MOV -1
ARTICLE IV SHAR The number of shares of			HISING ORPORATIONS EE. FLORIDA	AM O
Name and Titl Address	Alackala Con in DC	Name and Title: Address:	190 NSC 715	PP MHP le Colade
Name and Title Address	Patricia Hall PD 190 NSC 715 MHP Lot III Belle Glock FC 33430	Address:		5 MHY
Name and Title Address	Patrick Bernett Pr 190 NSR 715 MHP Lot 111 Belle Colode FL 38430	Address:	190 USK.71	

Name and Title: Khari Hall 'PD' Name and Title: Twenta Skeete PD
Address 190NSC 715MHP Address: 190NSC 715MHP
Lot 111 Belte Criade Lot 111 Belle Criade
FC 33430 FC 33430
The name and Florida street address (B.O. Boy NOT appropriately) of the registered exert is:
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:
Name: SYLVETCA DIOLA DI
Address: MODR /B/MHPContil
Belle Calade FC33430
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Shoketa Brown
Address: PO BOX 1466
Belle CHOOLER 33430
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 0\ (0) (0) (0) (0) (0) (0) (0) (0) (0) (0)
(If an effective date is listed, the date must be 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 meet the applicable statutory filing requirements, 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 accept service of process 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
Som Sun biz Required Signature/Registered Agent Note: 10196033 Date
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.
Required Signature/Incorporator Date 10/39/2021
reduted Signature theorporator Date

.