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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

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

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SUBJECT: BOYUN TOUTS HALL BENNET A Street Corporation

Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
· □ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	Filing Fcc, Certified Copy & Certificate of Status

FROM: Chiketa Byons Name (Printed or typed)
POBOX 14ld
Belle Cylade FC 33430 City, State & Zip
Daytime Telephone number
E-mail address: (to be used for future andual 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 corpo		3 Holl, P	ennett, st	skeete.
ARTICLE II PRIM	Principal street address COLORED SS 130	PO BC	ng address, if different is	Colbarazien
ARTICLE III PURA The purpose for which	POSE 1 the corporation is organized is: 10 C	undict h	alsines	<u></u>
			DIVISION OF CO	2007 TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ARTICLE IV SHA The number of shares of	of stock is:		HSING HSING RPORATIONS E. FLORIDA	
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Name and Tit Address	Potricia Hall PD 190 NSC715 MHP Lot III Belle Glade PL33430	_ Address:	atricia Frazi 16 N SR715 10HII Belle 7233430	MHP Culade
Name and Tit Address	Potvick Bennett PD PD NOR 715 MHP Lot III Belle Glade FC 33430	_ Address:	_	SMAP

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' <u>ARTI</u>	CLE VII INC	CORPORATOR						
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certifi	cate, I am famil	liar with and acc	ept the appo	intment as regis	tered agent and a	gree to act in t	his capacity /	/
	150	Stank	2i7	gistered Agent			JDE	9/2022
		Required S	Signature/Reg	sistered Agent			/ /	Date
					re true. I am awi ony as provided fo			on submitted in a
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Requi	red Signature/I	ncorporator	21 <u></u>			Da	te /0/2	21/25/2