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(Requestor's Name)
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(Document Number)
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COVER LETTER

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

SUBJECT: MC	PROPOSED CORPOR	Patroce P	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
□ \$70.00 Filing Fec	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Venica P	(Printed or typed)	

NOTE: Please provide the original and one copy of the articles

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AR' In compliance wi	TICLES OF INCORPORATION ith Chapter 601, F.S. (Prof	10 PO DO TO TO TO
The name of the corporation shall be:	Tutu's@Patraca	Placeine
ARTICLE II PRINCIPAL OFFICE		
2150-3 Spring HII	Rd 144 Ste	ddress, if different is:
TH FI 32305	Midw	ay Fl 3234
The purpose for which the corporation is organized	red is: any and a	Hegal
purposes	<u> </u>	
ARTICLE IV SHARES The number of shares of stock is:	•	
ARTICLE V INITIAL OFFICERS AND/OR Name and Title: Venica	DIRECTORS President Name and Title:	
Address 144 Stever	15 DR Address:	
Name and Title:	Name and Title:	
Name and Title:	Name and Title:	St. 20
Address	Address:	23 F

Name and Title: Name and Title:___ Address: Address ARTICLE 3T REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name. Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: tracePlaceinc Name: Address: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 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 s.817.155, F.S. Required Signature/Incorporator