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COVER LETTER

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

SUBJECT: A	Tmet Group I	rc			
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00 Filing Fee	印\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM:	Nam	e (Printed or typed)			
	14735 Bet	ina St Address		2021	QB
	Winter gard		LTAHASSEE, FL	2024 APR 30	T
	407-692-9		OF STA	AH 9: 47	M
	Atmet GY E-mail address: (to be use		נט.	47	

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)

14735 1	Principal str		·	_		Mailing ac	ddress, if different	is:	_
Sinter Ga	•	FL	3478	<u> </u>		-			- -
purpose for which	the corporation	on is organ	ized is: _	any	and	all	lawful	Prosin-	<u>ځ</u> د ح -
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TICLE IV SHAR									-
ICLE V_ INITI	AL OFFICE	RS AND/O			Name and Tit	le:			_
ICLE V_ INITI	<u> 4L OFFICE</u> e:)С ₁ \	RS AND/O	run		Name and Tit	le:			-
Name and Title	al OFFICE e: Jak IUB	rs <u>and/o</u> i y (, \n 5 R	. run ,elin	nph "p 9 st	Name and Tit		TALLA	2024 APR	-
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Name and Titi Address	AL OFFICE 148. CON	rs and/o	run edin Ga	nph "p 9 St orden	Name and Tit Address: 434787 Name and Tit		TALLAHASBEE FL	2024 APR 30 AM 9: L	
Name and Title Address Name and Title	AL OFFICE 148. CON	rs and/o	run edin Ga	nph "p a st irolen	Name and Tit Address: 434787 Name and Tit		TALLAHASSEE, FL	2024 APR 30 AM	
Name and Title Address Name and Title Address	AL OFFICE	rs and/o Yan D N t-er	- Fun Ga	nph "p 9 St Ivolen	Name and Tit Address: 434787 Name and Tit Address:	le:	TALLAHASSEE, FL	2024 APR 30 AM 9: 47	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box	NOT acceptable) of the registered agent is:
Javinh Dis	a. Oh
14-825 Achi	54
Address: 19735 British	ng 5+ drn. FL 34787
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Jakiyan	Rumph
Address: 14735 Bel	ina St
	riden Fl 34787
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be filing.)	specific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as of State's records.
Having been named as registered agent to accept certificate, I am familiar with and accept the appoint	service of process for the above stated corporation at the place designated in this ointment as registered agent and agree to act in this capacity 🛒 🕱
21	41574
Required Signature/Re	gistered Agent Date w
I submit this document and affirm that the fact document to the Department of State constitutes	s stated herein are true. I am aware that the false information submitted in a a third degree felony as provided for in s.817.155, F.S.
ar	
Required Signature/Incorporator	Date Date

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