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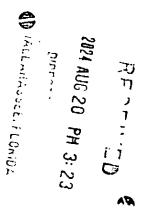
(R	Requestor's Name)	
Α)	address)	
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(0	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
([Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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and the second



COVER LETTER

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

SUBJECT:	Pacific 4011 (PROPOSED CORPORA	Processin	g inc
	(PROPOSED CORPORA	TE NAME – <u>MUST INÇÎ.</u> I	<u>JDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	la check for:
<i>D-870.0</i> 0 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	thenneth G Name 5274 Lanes		
	<u>Cx lando fl</u>	32811 State & Zip	
<u></u>	Pacific. Foll E-mail address: (to be used	ProDgwail.	_e~ 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)

ne of the corporat LE H PRINC	ПРАL OFFICE		
	Principal <u>street</u> address	Mai	ling address, if different is:
·			
Tundo, FI	32811		
LEIII PURPO	DSE he corporation is organized is:	all ho	Sinuss
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CLE IV SHAR, umber of shares of	ES stock is:) OOO		
CLE V INITL	stock is:		
umber of shares of CLE V INITE	stock is:		<u></u>
umber of shares of CLE V INITE	stock is: 1000 11. OFFICERS AND/OR DIRECTORS of Thenness G Brown 5274 Lanette St	Name and Title: Address:	
umber of shares of CLE V INTL Name and Title	stock is: 1000 M. OFFICERS AND/OR DIRECTORS	Name and Title: Address:	
umber of shares of CLE V INTL Name and Title	stock is: 1000 11. OFFICERS AND/OR DIRECTORS of Thenness G Brown 5274 Lanette St	Name and Title: Address:	
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Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:
Name: <u>henneth</u> G.	
Address: 5274 Lanet	te st
orlando fl	32811
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: <u>Kenneth</u> G	Bown
Address: 5274 La	nette st
erlando FI	32-811
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be spfiling.)	. (OPTIONAL) Decific and cannot be more than five days prior or 90 days after the
<u>Note:</u> If the date inserted in this block does not m the document's effective date on the Department of	eet the applicable statutory filing requirements, this date will not be listed as of State's records.
Having been named as registered agent to accept so certificate, I am familiar with and accept the appoi	ervice of process for the above stated corporation at the place designated in this atment as registered agent and agree to act in this capacity
Required Signature/Reg	8/20124
Required Signature/Reg	istered Agent Date
I submit this document and affirm that the facts document to the Department of State constitutes a Lw B —	stated herein are true. I am aware that the false information submitted in a third degree felony as provided for in s.817.155, F.S. 8/20/24
Required Signature/Incorporator	Date

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