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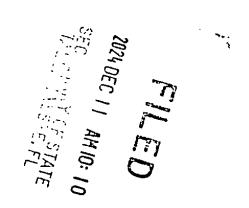
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
fied Copies Certificates of Status						
ecial Instructions to Filing Officer:						

Office Use Only



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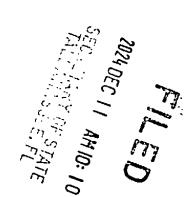


COVER LETTER

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

SUBJECT:	DOCUMENT NUMBER:	W21000007404			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	I a check for:		
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee. Certified Copy & Certificate of Status		
	ADDITIONAL COPY REC		PY REQUIRED		
FROM:		e (Printed or typed)			
	2944 SHAUGHESSY DR Address				
		ON, FL 33414			
	City	, State & Zip			
	(561) 7	81-1977 Telephone number			
		coinlic@gmail.com			
-		ed for future 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)

$L E H = E \times W$	<u>TPAL OFFICE</u>		
CLLII INITE	Principal street address		Mailing address, if different is:
2944 SH	Principal street address AUGHESSY DR		-
YYELLIN	GTON, FL 33414		
CLE III PURPO	DCF		
urpose for which t	he corporation is organized is:		
	To benefit its sharehole	ders	
···· ··· <u>-</u>	TO SOMETIME STRATEGIES.		
			<u>.</u>
			· · · · · · · · · · · · · · · · · · ·
		 	- <u></u>
	I. OFFICERS AND/OR DIRECTORS	tor Name and Title:	
Name and Title	WILORD METELLUS, Direc		
Name and Title	WILORD METELLUS, Direct		
Name and Title	WILORD METELLUS, Direct		
Name and Title	WILORD METELLUS, Direct 2944 SHAUGHESSY DR WELLINGTON, FL 33414	Address:	
Name and Title	WILORD METELLUS, Direct	Address:	
Name and Title	WILORD METELLUS, Direct 2944 SHAUGHESSY DR WELLINGTON, FL 33414	Address: Address: Name and Title:	
Name and Title Address Name and Title:	:WILORD METELLUS, Directive 2944 SHAUGHESSY DR WELLINGTON, FL 33414	Address: Name and Title: Address:	
Name and Title Address Name and Title:	WILORD METELLUS, Directive 2944 SHAUGHESSY DR WELLINGTON, FL 33414	Address: Name and Title: Address:	
Name and Title Address Name and Title:	:WILORD METELLUS, Directive 2944 SHAUGHESSY DR WELLINGTON, FL 33414	Address: Name and Title: Address:	
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Name and Title: Address Name and Title: Address	WILORD METELLUS, Directive 2944 SHAUGHESSY DR WELLINGTON, FL 33414	Address: Name and Title: Address: Name and Title:	

Name and Tit	le:	Name and Title:	
Address		Address:	
			
ARTICLE VI REG	<u>TSTERED AGENT</u> a street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	WILORD METELLUS		
Address:	2944 SHAUGHESSY DR		
	WELLINGTON, FL 33414		202
ARTICLE VII _INC	ORPORATOR		2024 DEC 11
-	s of the Incorporator is:		Tana.
Name:	WILORD METELLUS	711-71 111-71 111-71	R M
Address:	2944 SHAUGHESSY DR	STA	
. radi etts.	WELLINGTON, FL 33414	Line (0
		•	
	r than the date of filing: 01/25/2021		
(If an effective date i filing.)	s listed, the date must be specific and canno	t be more than five days prior or 90 days af	ter the
		statutory filing requirements, this date will not	be listed as
the document's effect	ive date on the Department of State's records.		
	s registered agent to accept service of process for iar with and accept the appointment as register	or the above stated corporation at the place designed agent and agree to act in this capacity	gnated in this
,	**		+0.2 <i>4</i>
	Military W. S. Required Signature/Registered Agent	Date	
document to the Depa	nt and affirm that the facts stated herein are rtment of State constitutes a third degree felony	true. I am aware that the false information st	abmitted in a
·	Military Wife	12/11/2	2024
Required Signature/In	ecorporator	Date	 · · -