970000 108422

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

900002383529--2 -12/26/97--01083--009 *****70.00 *****70.00

SUBJECT: Cut Above The Rest Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original an	d one(1) copy of the article	es of incorporation and a cl	heck for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	,,
FROM:	William Name (I	Rodgers Printed or typed)	AHASSE
	3281 SW	974h TR	E P
		Address	RIDA
	Mirama	r # 33025 , State & Zip	h:
	·	· -	. ^
	<u> </u>	7 - 55 // Telephone number	
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation
The name of the corporation shall be: C of Cabou en TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 3281 5. W 97 + h Tile Miramar, H - 33025
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: DOO
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: William Rodgers 3281 SW 97H TR MIRAMAR, H 33025
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:
William Rodgers 3281 SW 974 TE Miraman, 433025
Signature/Incorporator 12/22/97 Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date