## P03000045148

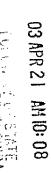
(Requestor's Name)					
(Address)					
•					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
<del></del>					
(Business Entity Name)					
(Document Number)					
Contillad Conins Contillator of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
,					
}					
L					





900016108089

04/21/03-701028--004 \*\*70.00



VI no

## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: ፟፟፟፟፟፟ \$70.00 **□** \$78.75 \$87.50 **□** \$78.75 Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

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

	·			
b				
ARTICLES OF INCORPOL In compliance with Chapter 607 and		, F.S. (Profit)	2	DO TO
ARTICLE I NAME  The name of the corporation shall b	e: Bloc	omsbu	ury, lr	1 Carrier
ARTICLE II PRINCIPAL of husiness/mai		411 1	VE 22	St. #7 ida 33137
ARTICLE III PURPOSE The purpose for which the corpora	tion is organized	<del>-</del>	₩± —	igements
ARTICLE IV SHARES The number of shares of stock is:	100	er e		
ARTICLE V INITIAL OFF The name(s), address(es) and title(	s): Traci 411 1	rors coptional y Niede NE 22 ni, FL	rmeyer sty# 33137	- Spres, 7 (V.P. 1 Secr. 1 Treasure
ARTICLE VI REGISTE The name and Florida street addr Tracy N HII NE	RED AGENT ess of the registe lieder m	red agent is:		
ARTICLE VII INCORPOR The name and address of the Incor	ATOR porator is:	iami, Fi	L 33137	7
**************************************	accept service of pr	ocess for the above sto	**************************************	
Lacy Tilde Signiture/Registered Ago	mull	△ _	apri	17,2003
Signature/Incorporator	terme	ger_	GOW Da	v / 2003