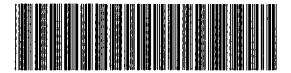
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Special Instructions to Filing Officer:					
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DIVISION OF CORPCEASES

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## **COVER LETTER**

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

SUBJECT:	STORAGE LO	NSTRUCTION,	INC.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00	\$78.75	\$78.75	□ \$87.50
Filing Fee	1	Filing Fee	Filing Fee,
Ü	& Certificate of Status	& Certified Copy	~ .
			Status
	ADDITIONAL COPY REQUIRED		
FROM:	2960 GR	SWITLY e (Printed or typed) EEN BRIAG B Address	
		State & Zip	3414
		79.8238 Telephone number	
	GSWITLYK	O YAHOO. Cor	n atification)

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)

ARTICLE I NAM The name of the corporat	ion shall be: STORA	GE CONSTR	oction, INC		
ARTICLE II PRINCIPAL OFFICE Principal street address  2960 GREEN BRIAK BLVD			Mailing address, if different is:		
	FL. 33414	, Marie 12			
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is:  OR ANY OTHER	BUILD, MA	NAGE SELF		
<b>ARTICLE IV SHA</b> The number of shares of s					
	GEORGE SWITLYK, P		etar	211 11	IDISIAN.
	2960 GREENBEITH BI WELLINGTON, E. 33	Address:		Y-9 PM 2:3	TARY OF LIP.
Name and Title:		Name and Title	:	ఱ	
Address		Address:			
Name and Title:			:		
Address	<del> </del>	Address:			
				<b></b>	

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: Name: 2960 GREEN BRIAN BLUD Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: 2960 GREENBRAR BLUD. WELLINGTON, F. 33414 Address: Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator