Department of State COCCO TRANSMITTAL LETTER
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
SUBJECT: Who Bale Runnes Inc. (Proposed corporate name - must include suffix)
5000031422763 -02/22/0001002009

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

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2 \$70.00	□ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	

FROM: Momas K, Hilaman
Name (Printed or typed)

10510 Blue Wins C+

Tallahassee Fla, 32
City, State & Zip

850 - 878-7150 page

Daytime Telephone number

Will Wait

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

T.SHITH FEB 2 : 2000

ARTICLE I NAME The name of the comment is about the	v . − i
The name of the corporation shall be:	
Hilaman's Blade Runner's Inc,	
ARTICLE II PRINCIPAL OFFICE	T. 4
The principal place of business and mailing address of this corporation shall be:	
10510 Blue wing et,	
Tallahassee, Fla. 32312	
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
\$1000.00 1000	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent are:	- "
Thomas K. Hilaman 10510 Blue wing Ct.	
ARTICLE V INCORPORATOR Tallahassee, Flg. 323/2	. 4
INTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	
Thomas F. Hilaman 10510 Blue wing Ct,	
Talkhassec, Ft. 32312	
Mome K. Inlan	
Signature/Incorporator Date	
(An additional article must be added if an effective date is requested.)	

The undersigned incorporator, for the purpose of forming a corporation under the Florida

Business Corporation Act, hereby adopts the following Articles of Incorporation.

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 positionas registered agent

Signature/Registered Agent

Date