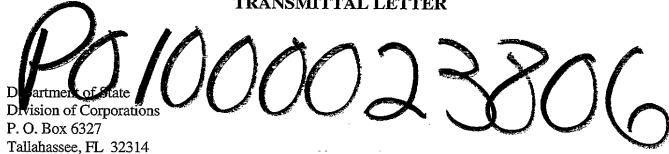
## TRANSMITTAL LETTER



Disartment of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	12	X)()	0
SUBJECT: DJE VENTURES. I (PROPOSED CORPORATE	NC E NAME – <u>MUST INCLU</u>	DE SUFFIX)	5 (1)
	80	00003810 -03/07/010 *****78.75	6680 1064023 *****78.75
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL COR	PY REQUIRED	
FROM: J. ELIZABETH FOWLER.  Name (Printed or typed)			
25 TWISTED	PINE TRAIL	DIVISION OF CORPO	RECEIVE TO THE RECEIV
SRB, FL 3	2459	ORPO	

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

City, State & Zip

ARTICLES OR INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I Name

The name of the corporation shall be: DJE VENTURES, INC.

PRINCIPAL OFFICE

The principal place of business/mailing address is:

25 Twisted Pine Trail

Santa Rosa Beach, Fl 32459

ARTICLE III SHARES

The number of shares of stock is: 1000

INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address (es):

Delia Fowler

Betsy Fowler

25 Twisted Pine Trail

Santa Rosa Beach, Florida 32459

## ARTICLE V REGISTERED AGENTS

The name and Florida street address of the registered agent is:

Delia FOWLER

25 Twisted Pine Trail

Santa Rosa Beach, Florida 32459

## ARTICLE VI INCORPORATOR

The name and address of the Incorporators are:

Delia and or Betsy Fowler

25 Twisted Pine Trail

Santa Rosa Beach, Florida 32459

Having been named as registered agent to accept service of process for the above named 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.

Signature/Registered Agent