P01000036370

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

SUBJECT: Name less Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

- \$70.00 Filing Fee
- **\$78.75**
- Filing Fee
- & Certificate of Status
- **□** \$78.75
- □ \$87.50
- Filing Fee
- Filing Fee,
- & Certified Copy
- Certified Copy
- & Certificate of
- Status

ADDITIONAL COPY REQUIRED

FROM:	Steve Williams Name (Printed or typed)	
	439 Nolth West St.	
	9 wincy fl. 3235/ -03/14/0101054001 ******78.75	
	(850) 627-4960 Daytime Telephone number	

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

00,14,01

ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME	
The name of the corporation shall be:	
Nameless Inc.	AR III
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 439 Nuth West St. Quincy, fl. 3215 /	APPROVED APP
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Record Company	
ARTICLE IV SHARES The number of shares of stock is: 2	<i>,</i>
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): 5 teve Williams 439 North West St. Quincy, F. O) Trenton Peoples P. G. Box 782 Quincy, Fl. 3:	c/. 3235/ 235/
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
Steve Williams	
439 North west St.	
aniny, fl. 37351	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: 5 teve William S 439 North West St.	
Uu;ncy, f1,3235 ************************************	********
Having been named as registered agent to accept service of process for the above stated corporati certificate, I am familiar with and accept the appointment as registered agent and agree to act in the	on at the place designated in this
Signature/Registered Agent Da	<u>//4/0/</u> te
Store Williams	3/14/01
Signature/Incorporator Da	ate