TRANSMITTAL LETTER

P01000030737

Department of State
Division of Corporations
P. O. Box 6327

Tallahassee, FL 32314

SUBJECT: Dwayne J. Corker Enterprises From Subject: (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

5000039106

500003910635--1 -03/27/01--01002--006 *****78.75 *****78.75

Enclosed is an origina	al and one(1) copy of the articl	es of incorporation and a	check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:		rod Corker rinted or typed)	

Williams

850-856-5449

Address

City, State & Zip

Daytime Telephone number

630

Street

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 NAME The name of the corporation shall be: Dunque J. Corker Enterprises	Inc.		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 630 Williams Street Gretna, Ft. 39332			
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		O1 MAR SECRE TALLAH	APF
ARTICLE IV SHARES The number of shares of stock is: / Share	F.	OI MAR 26 PM 3: 21 SECHETARY OF STATE TALLAHASSEE, FLORID	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)		D '	
The name(s) and address(es):			
ARTICLE VI REGISTERED AGENT	<u> </u>		
The name and Florida street address of the registered agent is:			
Dwayne Jerrod Corker 630 Williams Street Gretna, FL 32332			
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Dwayne Jerrod Corker	**		
Gretna, FL 32332	=		
************************	*****	******	******
Having been named as registered agent to accept service of process for the above stated corcertificate, I am familiar with and accept the appointment as registered agent and agree to a	poration p	ı at the place desi	gnated in this
Dague S. Coller.	3	1/26/01	_
Signature/Registered Agent	Date	-•	. , -
		ulaulau	

Signature/Incorporator

Date