TRANSMITTAL LETTER

P01000033089

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

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nclude suffix)			-008

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

3\$78.75

3 \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Toughas ORNClor H Name (Printed or typed)			es e verade
16819 SW. 17TH CIR Address	SECRE	OI APR	
OCALA FL. 34473 City, State & Zip	JARY OF SI	-2 PH12:	

Daytime Telephone number

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) Douglas OKNdoeff, ARTICLE I The name of the corporation shall be: The principal place of business/mailing address is: 16819 SM, 17. Cinc ARTICLE III PURPOSE The purpose for which the corporation is organized is: The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): REGISTERED AGENT The name and Florida street address of the registered agent is: The name and address of the Incorporator is: Toustas ORNGORST 16819 SW. 17 in ORALA Ph. 34473 ARTICLE VII INCORPORATOR