## TRANSMITTAL LETTER

## P01000037877

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

	$\subseteq$	
SUBJECT:	<u>Jehr</u>	LOPD.
	(PROPOSED CO	ORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )

800003924028--0 -03/28701--01071--004 \*\*\*\*\*78 75 \*\*\*\*\*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

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	Robin M. O'Brien	1	0	
	Name (Printed or typed)	SECH	II APR	
	25049 Malvern St.	HASSEI	<del>ار</del> ت	
	Brooksville, FL. 34601 City, State & Zip	OF STATE	PM 1: 10	Ü
	252 001 5201			

W733P

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

GOIAZZIOY



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 2, 2001

ROBIN M O'BRIEN 25049 MALVERN STREET BROOKSVILLE, FL 34601

SUBJECT: SEHR CORP. Ref. Number: W01000007334

We have received your document for SEHR CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6904.

Freida Chesser Corporate Specialist New Filings Section

Letter Number: 501A00019500

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME	S	Han Cor
The name of the corporation shall be:	Serh	Han (or
•	<i>J</i> ,	( . )
ADMICI E II DOĞICIDA CODECT		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 25049 Mal	ivern St.	
The principal place of business/mailing address is: 25049 Mal	, FL. 34L	001
_		
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	*	1
to conduct business in the	cabine	ts indust
1 - CO, 10 - CO, 11 - C		
ARTICLE IV SHARES The number of shares of stock is:	-	
The number of shares of stock is: /OO		
ARTICLE V INITIAL OFFICERS DIRECTORS (optional)		<del>-</del> i
The name(s) and address(es): Robin M. O'Brier	`	II APR
25049 Malvern St.	•	
Brooksville, FL. 346	<u>م</u>	FILED 13 PM ARY OF SSEE, F
	01	LED PM 1: 1 Y OF STATE EE, FLORID
ARTICLE VI REGISTERED AGENT		
The name and Florida street address of the registered agent is:	+ <del>-</del> -	
Robin M. O'Brien		
aso49 malvern St Brooksville, FL. 3	4	
· — — — —	4601	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
Rebin M. D'Brier Brooks ville, Fl. 34	)	
25049 Malvern S	<b>并</b> ,	
Brooksville, FL. 34	1601	
· · · · · · · · · · · · · · · · · · ·	******	*****
Having been named as registered agent to accept service of process for the above stated c certificate, I am familiar with and accept the appointment as registered agent and agree to	orporation at the plac act in this capacity	e designated in this
Kabin M. DiBnen	3-15-6	)/
Signature/Registered Agent	Date	
Sohi M O'Breen	3-15-6	) <i>(</i>
Signature/Incorporator	Date	<del>/ /</del>
Robin M. O'Brien		