## TRANSMITTAL LETTER

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

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SUBJECT:	FOGGIA EN	Les Orises Tename- <u>must inci</u>	工 <u>い</u> と、 LUDE SUFFIX)
		<del></del>	8000040335 -04/19/0101 *****87.50
Enclosed is an origina	al and one(1) copy of the article	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 C	\$87.50 Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED
FROM: JOSEPH GESWALDO Name (Printed or typed)			
5248 Abelia Dr. Address			
	Orlandu Cify,	FL 3281 State & Zip	9
315 - 263-4122  Destrime Telephone number			

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

----- ADD 0 0 0001

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (F.)	Profit)
ARTICLE I NAME  The name of the corporation shall be: Fossia E	STETPRISES, INGENTARIO ED
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  5	248 Abelia Dr. orlando, FL. 32819
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	MANAgement Company.
ARTICLE IV SHARES The number of shares of stock is: 3	
ARTICLE V INITIAL OFFICERS DIRECTORS The name(s) and address(es):	(optional)
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered age	ont is: Joseph Geshaldo 5248 Abelia Dr Orlando, Fl 32819
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	Joseph Geswaldo 5248 Abelia Dr. Orlando, FL. 32819
**************************************	r the above stated corporation at the place designated in this
Signature/Registered Agent	<u>4-17-01</u> Date
Signature/Incorporator	<u>U-17-01</u> Date