POLOCOO 74960 TRANSMITTAL LETTER

Department of State Division of Corpora P. O. Box 6327 Tallahassee, FL 323	tions			27109 -01081017 5 *****78.75
SUBJECT:	COVER EM	TENPAÏSES //US TE NAME - <u>MUST INCL</u>	C, UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO		
FROM:	DAVIO A. COVER	(Printed or typed)		
-	952 S.E. 6	M S7.	SEUM	2 = T
-	DEERFIELD BUH.,	FL 33441 State & Zip	WASSEE,	27 M 9:51
-	954- 6 Daytime To	123 - 9540 elephone number	FLORID	9:51

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

- 1 0001

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: COVER ENTERPLISES INC. SECRETARY STAT TALLAHASSEE, FLORIE
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 952 S.E. 6th ST DEERFIELD BEACH, PC 33441
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ENGAGE IN TRADE
ARTICLE IV SHARES The number of shares of stock is: 100
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): DAVID A. COVER OFFICERS/DIRECTORS (optional) A. COVER OFFICERS/DIRECTORS (optional) SOUNER) OFFICERS/DIRECTORS (optional) A. COVER OFFICERS/DIRECTORS (optional) SOUNER)
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: LISA FERRELL 952 S.E. 6th ST DEERFIELD BCH. FL 33441
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: DAVID A. COVER 952 S.E. GTA ST. DEERFIELD BCH. FL 33441

Signature/Incorporator

Date