10/000086734

TRANSMITTAL LETTER

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

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

\$50.00 **Certificate of Domestication Articles of Incorporation and Certified Copy** \$78.75 \$128.75 Total to domesticate and file

OPTIONAL:

Certificate of Status

\$8.75

	****128.7
FROM: _	Ro Robins
	Name (Printed or typed)
_	P.O. 60X 1779
	Address
_	Tavernier, fl 33070
_	Tavernier, £1 33070 City, State & Zip 305-852-5120
	305-852-4229 Hm #
-	Daytime Telephone number

Filing Fee:

Certificate of Domestication
Articles of Incorporation and Certified Copy

\$50.00

\$78.75

Total to domesticate and file

\$128.75

ARTICLES OF INCORPORATION In compliance with Chapter F.S. 607
In compliance with Chapter F.S., 607. ARTICLE I NAME The name of the corporation shall be: Liwi Concepts, Inc., 1888.
ARTICLE I NAME
The name of the corporation shall be: Kill Concepts, It is the page of the corporation shall be:
ARTICLE I NAME The name of the corporation shall be: Riwi Concepts, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: O
The principal place of business/mailing address is: P.O. Box 1779 Tovernier, C1 33070.
lave ma, to so the
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Construction
ARTICLE IV SHARES 500
The number of shares of stock is:
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)
The name(s) and address(es):
The name(s) and address(es): JOHN ROBINS, PRES. BHITTY TWEENING, FL 33070 KO ROBINS, VP.
100 100100 1 1 1 .
AND CORPORT ADDRESS
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the registered agent is: Edna m. Harowitz
208 TIDE AVENUE
TAVERNIER FL 33070
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
KO ROBINS
Box ma
TNEQNISK PL33070 *********************************
Having been named as registered agent and to accept service of process for the above stated corporation at the place accept service of
in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.
El 201
Signature/Registered Agent Date
- (Alla Kallina 8/201)
Signature/Incorporator Date