P0/000090799				
Department of State Division of Corporati P. O. Box 6327 Tallahassee, FL 3231	ions		TALLARING CONTROL PLONE) !:0 ₆
SUBJECT:	PROPOSED CORPORAT	CATTORNAME - MUST INCLU	UDE SUFFIX)	<u> </u>
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Name (Pri	hua Ane	300004593 -09/17/011 *****70.00	34335 01852008 ******70.00
NEUELVELVELU DEPARTHENT OF STATE INVISION OF CORPORATIONS 2001 SEP 17 AM 8: 40 TO ACKNOWLEDGE SUFFICIENCY OF FILING	Tallalacyce City, S 850 229	ddress F 32 State & Zip SUCCEPHONE number	308	<u>-</u>
5 ° '				

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

Opa 1 m

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: The principal place of business/mailing address is: The purpose for which the corporation is organized is: The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) The name(s) and address(es): REGISTERED AGENT The <u>name and Florida street address</u> of the registered agent is: 929 Alachua Are The name and address of the Incorporator is: Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am jamiliar with and getept the appointment as registered agent and agree to act in this capacity