TRANSMITTAL LETTER

01000092108

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

	(PROPOSED CORPORA	TE NAME - MUST INCLU	DE SUFFIZ	ש	
		20			502- 10040 *****
Enclosed is an origin	al and one(1) copy of the articl	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 CO	Status	ee, d Copy ficate of	
FROM	Name (P 1350 Slan	State & Zip	2 4/2/	ON SEP 20 AM II: 06 ISION OF CORPORATION	RECEIVED
	Daytime T	elephone number		SECRETARY OF S	OI SEP 20 AMII

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



	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: Moior Coach Ravel we work	.K , 3	<u>:</u> nc
	ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 7350 Standing Blud #201 TACKSONULLE 171 32241	-\ , -\	
	ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
	ARTICLE IV SHARES The number of shares of stock is:		
	ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	SECRETARY OF STATE	1 3 4 4 4 4 1
	ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:		
	tichard L. Simmons 1350 Blanding Blud ZACKSONINE, FL 32244		
_	ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		<u></u>
`	Lichard Li Dimnons -350 Blanding Blud -3224-1 ***********************************	*****	****
	Having been named as registered agent to accept service of process for the above stated corporation at the place of certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity		
	Signature/Registered Agent Date		
`	9/20/01		
	Signature/Incorporator Date		