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TRANSMITTAL LETTER

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

200004613202--1 -09/27/01--01030--001 ******78.75 ******78.75

SUBJECT:	TRUESTONE	ENTERPRISES	OF	FLORIDA	7,,,	
(Proposed corporate name - must include suffix)						

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

\$87.50

Filing Fee,

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: _	LOUIS MANION	
	Name (Printed or typed)	-
	,	01 SE TAL
	3600 NE CANDICE AVE	S CRE
	Address	FIL SEP 27 SETARY WHASSE
-	JENSEN BEACH, FL 34957	P M M
	JENSEN BEACH FL 34957 City, State & Zip	1 8: 5
	561-334-9797	

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

Daytime Telephone number

A BULLACK DOT 0 1 2001

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION ACT.

ARTICLE I NAME
THE NAME OF THE CORPORATION SHALL BE:
TRUESTONE ENTERPRISES OF FLORIDA, Taxo.

ARTICLES II PRINCIPAL OFFICE
THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS
CORPORATION SHALL BE:
3600 NE CANDICE AVE
JENSEN BEACH FL 34957

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: FIVE HUNDRED (500) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:
THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT IS:
LOUIS MANION
3600 NE CANDICE AVE
JENSEN BEACH FL 34957

ARTICLE V NAME OF INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:

LOUIS MANION

3600 NE CANDICE AVE

JENSEN BEACH FL 34957

SIGNATURE / INCORPORATOR

ĎATE.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM

FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE / REGISTERED AGENT

DATE