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

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SUBJECT:	CHYLICKI	DEVELOPMENT	IN

(Proposed corporate name - must include suffix)

Enclosed is an origina	l and one(1) copy of the article	es of incorporation and a c	check for:	7
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:		CZERWINSK rinted or typed)	i EA PA	-
		DEN JAKE I	DE FALLE	010
	SARASOTA	1 FL 3423 State & Zip	3 AHASSE	010CT 29
	941-929 -	7070	EFLORID	AM 8: 55

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a co *Business Corporation Act, hereby adopts the following Articles *ARTICLE I NAME The name of the corporation shall be: CHYLICKI DEVELOPMENT	s of Incorporation.	OT OCT 29 AM 8: 5: SECRETARY OF STATIONAL LAHASSEE FLORIC	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this 4905 SWIFT RD SARASOTA FL 34231	s corporation shall be:	TE DA	
ARTICLE III SHARES The number of shares of stock that this corporation is auth 00	orized to have outstanding at any or	ne time is:	
ARTICLE IV INITIAL REGISTERED AGENTHE name and Florida street address of the initial registered YOLANDA M. CZERWINSKI EALY92 GOLDEN LAKE DR, S	d agent are:	23.3	
ARTICLE V INCORPORATOR The name and address of the incorporator to these Article JAN CHYLICKI 4905 SWIFT RD SARASOTA, FL 34231	es of Incorporation are: DOROTA CHYL 4905 SWIFT SARASOTA, FL	icki RD 34231	
Ou Cle Signature/Incorporator	D. Chylicki Date	10-23-01	
(An additional article must be added if an effective date is requested.)			

Having been named as registered agent and to accept service of process f	or the above stated corporation at the place designated in
this certificate, I hereby accept the appointment as registified agent and as	gree to act in this capacity. I further agree to comply with
the provisions of all statutes relating to the proper and complete perform	ance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	, , , , , , , , , , , , , , , , , , ,
Ment	10-23-01
Signature/Registered Agent	Date