POIDON 107203

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

SUBJECT:	MOLUMANDY COIN FUN		AND		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	l a check for:		
	, , , , ,	-		7	
\$70.00	\$78.75	□ \$78.75	\$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
	,		& Certificate of		
		ADDITIONAL CO	Status NPV REQUIRED		
		ADDITIONAL CC	M I REQUIRED	┛	
FROM:	MR. KHANY LUU				
TROM	Name	(Printed or typed)			`
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5239 NORMANDY BLUD					
Address					ZZ-
				9- AUN I	- 358 - 1788 - 1788
	· ·	2205	-		프유난
•	City, State & Zip				07. /[S
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	(901) 781-0701 Davime Telephone number				>
	Davtime 1	elephone number			

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

ARTICLES OF INCORPORATION			
In compliance with Chapter 607 and/or Chapter 6	521, F.S."(Profit)" *	فور	
ARTICLE I NAME The name of the corporation shall be:		×	
NORMANDY COIN LAUNDRY, INC.			
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	NURMANDY COIN LANDAY \$239 NORMANDY BLUD JACKSONVILLE, FL 32205	-	
ARTICLE III PURPOSE			
CONDUCT ANY LEGAL BUSINESS	S RELATING TO ANYTHING		
ARTICLE IV SHARES The number of shares of stock is:	,		
ARTICLE V INITIAL OFFICERS/DIRE The name(s), address(es) and title(s): MR. KHANH LUU - PRESIDENT 52.39 NORMANDY BLUD TACKSONVILLE FL 32205	ECTORS (optional)	01 MOV -6 AM 7: 43	RY OF THE PROPERTY OF THE PROP
ARTICLE VI REGISTERED AGENT The name and Florida street address of the regis		&	NOA NO
MR. KHAMH LUU 5239 NORMANOY BLVO JACKSONVILLE, FL 32205	·		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MR. KHANH LUU G239 NORMANOY BLVO			-
JACKSONVILLE, FL 32205" ************************************			
Having been named as registered agent to accept service of certificate, I am familiar with and accept the appointment a	f process for the above stated corporati s registered agent and agree to act in th	ion at the place desig his capacity	mated in this
Mon		11/1/2001	_
Signature/Registered Agent		Date	

Signature/Incorporator

11 | 1/2001 Date