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Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 3231 SUBJECT:	• • • • • • • • • • • • • • • • • • • •	Cooly	TNC-	TA
Enclosed is an origin	al and one (1) copy of the article	•	check for:	FILED OI NOV 19 AM 9: SECRETARY OF STALLAHASSEE, FLO
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Foc & Certified Copy	S87.50 Filing Foc, Certified Cupy & Certified of Status OPY REQUIRED	: 59 TATE ORIDA
FROM:	Michael 1244 Carl	Cost Continued or typed)	we sta	
	904-8	Address State & Zip O State & Zip Telephone number	18 -11/19/0 -11/19/0 ******70 	869608 101030007).00 *****70.00
•	Daytime	Telephone number		

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

Articles of Incorporation

FILED

The name of the corporation shall be:	01 NOV 19 AM 9:59
Michael Coody, Ivc.	SECRETARY OF STATE
2. The principal place of business and mailing address of the collection of the coll	orporational Annual Literature
3. The corporation shall have the authority to issue	shares of stock.
4. The registered agent of the corporation is Michael registered street address is 249 Car Mage Brue	#A 106 F 3708
Florida 3228.	
5. The initial Board of Directors shall have I member(s) whose is/are as follows: McChael (2014) 1949 Car Mage Vrye HH. 50% FL3	se name(s) and address(cs)
The number of directors may be raised or lowered by an	nendment of the bylaws of
the corporation but shall in no case be less than one. 6. The incorporator of this corporation is Michael	Cold whose street
6. The incorporator of this corporation is Michael address is 1944 Car hage Dive # 17, Jan	8 19131218
Dated 11801	, ,
Incorporator	chael Coop.
L' Hicorporator	
Having been named as registered agent and to accept service of	process for the above stated,

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 and agree 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 am familiar with and accept the obligations of my position as registered agent.

Dated /

Registered Agent