## Pode Good 8743

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

Tallahassee, FL 32314 \*\*\*\*87.50 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$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 Status ADDITIONAL COPY REQUIRED ROBERT BACON
Name (Printed or typed) 18495 ORIOLE Rd Fort Hyers F1 33912

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

(239) 466 -0967
Daytime Telephone number

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RTICLES OF INCORPORATION compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	- इ.स. 
e name of the corporation shall be: All AROUND MOUIN	ILE SSEE
e principal place of business/mailing address is: 18495 ONA  Fort Hyers, F	NRY OF STATE SSEE, FLORIDA
RTICLE III PURPOSE  a purpose for which the corporation is organized is: The Mov	
e number of shares of stock is:	
e name(s), address(es) and title(s):  RUBERT BACON — President	
RETICLE VI REGISTERED AGENT  e name and Florida street address of the registered agent is:  ROBERT BALOW - ALL AROUND MOUING 18495 ORIULE RD FORT MYERS, F1 33917	et J. Ber- Irc.
RTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
the specific structure of the structure	**********
ving been named as registered agent to accept service of process for the above sta tificate, I am familiar with and accept the appointment as registered agent and agr	ted corporation at the place designated in ree to act in this capacity
War n	3-28-02
Kel-Wilbun	Date