TRANSMITTAL LETTER

## Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314

Enclosed is an origin	nal and one(1) copy of the articl	es of incorporation and a	check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM		rinted or typed)	N		
	P.O. Box 1143	Address HWU 121	SECRETAF TALLAHASS	2 M - 12	ってて
	MADISON FLA.	3334   State & Zip	ALC'SIM SEE' LOUIN	3: 50	CHU
	850 997-1323 Daytime Te	)	₩ ———	ō	

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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 621, F.S. (Profit) ARTICLE I *NAME* The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: ETILL DOGA, iodis on Fla. 82241 The purpose for which the corporation is organized is: ARTICLE IV The number of shares of stock is: 100 INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Samper 1. Solomos P.D. 1200 1143 Modison Fla 32341 REGISTERED AGENT The name and Florida street address of the registered agent is: HERES, OST GOZIL ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Signature/Registered Agent

Signature/Incorporator