SEND \$87.50

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

3000

SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: Name (Printed or typed)			
irshall AUE. Horida 33167			
-			

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

In compliance with Chapter 607 and/or Chapter 621	, F.S. (Profit)	OZAUD FILED
ARTICLE I NAME		AUG 15 PM
The name of the corporation shall be:	FUNK TRUCKI	OZ AUG 15 PM 2:20 SECRETATION OF STATE PLORIDA
ARTICLE II PRINCIPAL OFFICE	<i>t</i> (in the second
The principal place of business/mailing address is:	12735 NW 1	19th AVE
	MiAMi, FL. 3	3167
ARTICLE III PURPOSE	ing The second sec	· ,
The purpose for which the corporation is-organized	is: TO BECOME A	LEGAL BUSINES
ARTICLE IV SHARES The number of shares of stock is: //		
ARTICLE V INITIAL OFFICERS/DIRECTOR The name(s), address(es) and title(s):	TORS (optional)	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registe ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	12735 M:AMI, FU MAWIN MARSI 12735 NW 1 MIAMI, FI. 3	14LL 19th AVE. 3167 *******
Having been named as registered agent to accept service of p	process for the above stated corporation a	t the place designated in this
certificate, I am familiar with and accept the appointment as	registered agent and agree to act in this co	ipacity
White Man Jold Signature/Registered Agent		/12/0~ Date
Significant Additional Angelia	u/	. /
- Marin Marsholl	<u> </u>	12/02
Signature/Incorporator	/	Date