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TRANSMITTAL LETTER

Department of State Division of Corpor P. O. Box 6327 Tallahassee, FL 32	rations	- 		
SUBJECT:	THE ALMUND CORPORATION (PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)	
Enclosed is an orig	rinal and one(1) copy of the artic	les of incorporation and a	check for:	
□ \$70.00 Filing Fee	*	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FRO	FROM: H. Frank Harris Name (Printed or typed)			
	28497 Highgate Drive			
Bonita Springs, Fl 34135 City, State & Zip				
239 947 8641 Daytime Telephone number				

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	it) .
45555	FILED
ARTICLE I NAME The name of the corporation shall be:	02 NOV -8 AM 9: 22
THE ALMUND CORPORATION	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ADTICLE IL DDINCIDAL OPPICE	= -
ARTICLE II PRINCIPAL OFFICE	-
The principal place of business/mailing address is: The Almund Corporation	=
c/o H. F. Harris	
28497 Highqate Drive	e.
ARTICLE III PURPOSE	
ARTICLE III PURPOSE	= age in a lawful business in
The purpose for which the corporation is organized is: To enganny lawful manner, to purchase timber	. timber lands, mining claims,
and properties, as wellas engage in a	ny other lawful business activity,
in the State of Florida, the United S	tates, or any Country in the
world.	=
ARTICLE IV SHARES The number of shares of stock is:	사 출
The number of shares of stock is.	
500 shares of common stock @ \$10 pa	r vālue 🦩
ARTICLE V INITIAL OFFICERS/DIRECTORS (option	all
The name(s) and address(es):	<u>ay</u> =
the name(s) and antices(cs).	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	· · · · · · · · · · · · · · · · · · ·
Marsha J. Harris	eren e e erene
28497 Highgate Drive	·· -
Bonita Springs, FL 34135	-
ARTICLE VII INCORPORATOR	_
The name and address of the Incorporator is:	RTICLE VIII Effective Date
Mr. H. Frank Harris	January 1, 2003
28497 Highgate Drive	=
Bonita Springs,Fl 34135	_
Phone 239 947 8541 ************************************	**********
Having been named as registered agent to accept service of process for the a certificate, I am familiar with and accept the appointment as registered agent	bove stated corporation at the place designated in this tand agree to act in this capacity
M.10 110:	= 6 sinc 2002

Signature/Incorporator

Date

Date