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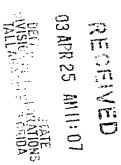
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Special Instructions to Filing Officer:	ļ
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TRANSMITTAL LETTER

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

SUBJECT:	Todd Well						
	(PROPOSED CORPORATÉ N	NAME – MUST INCLUDE S	SUFFIX)				
Enclosed is an origina	l and one(1) copy of the article	s of incorporation and a c	check for:				
\$70.00	\$78.75	\$78.75	□ \$87.50				
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy				
		ADDITIONAL CON	& Certificate of Status				
ADDITIONAL COPY REQUIRED							
FROM:							
Name (Printed or typed)							
20 71 WILCIFE LN. Address							
Crawford ville Fl. 32327 City, State & Zip							
850 25/ //55 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)

		•		
ARTICLE I NAME The name of the corporation shall be:				
Todd Welch INC.				
ARTICLE II PRINCIPAL OFFICE				. •
The principal place of business/mailing address is: 7/ Woldlife LN. Crawfordulle FL. 32327				
ARTICLE III PURPOSE	was the same of	.au	• • •	ė
The purpose for which the corporation is organized is: Siding INStatlation				
ARTICLE IV SHARES			,	
The number of shares of stock is:				
ARTICLE V INITIAL OFFICERS/DIRECTOR	RS (optional)			
The name(s), address(es) and title(s):			, -	
			0 9	
Todo Welch 71 Wild Life Ln Crawford ville M. 32327			VISIALIA B APR	0.00
Aes			70 H	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered	agent is:			
Todal Jeloh			3 8H	-
71 Wild Life LA Crawford Ville FL 32327			7	
ARTICLE VII INCORPORATOR		•	-	
The name and address of the Incorporator is:				
Tool Delen 71 Wild Life LN 3232		<u>.</u> .		
**************************************	*********			
Having been named as registered agent to accept service of procest certificate, I am familiar with and accept the appointment as regist				ted in this

Signature/Incorporator