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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 B. E. DEAN AGENCY INC.
(PROPOSED CORPORATE NAME-MUS Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$78.75 \$70.00 \$78.75 \$87.50 Filing Fee & Certified Copy Filing Fee Filing Fee Filing Fee, & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Brug E DERN Name (Printed or typed) FROM: P.o. Box 778
Address Marianna, P. 32447 City. State & Zip

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

850-526-3014

Daytime Telephone number

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED		
ARTICLE I NAME	03 JUN -9		प्र≐
The name of the corporation shall be: B.E. DEAN Agency	FACEXHASS	EE FLORIDA	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2932 Jeffins	or St	·	
Marianna, Pr.	32446		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: 548 5 CORP.		Ļ	
ARTICLE IV SHARES The number of shares of stock is: 100			
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) The name(s), address(es) and title(s):	·		<u>.</u> .
BILLY E Dear, president			
4369 LAKEWOOD M. Manana, A. 32448			•
ARTICLE VI REGISTERED AGENT			_
The name and Florida street address of the registered agent is:	e serve		-
BILLY E DEAN 4369 CAKENDOD M. Marianna, P2 32448			
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	÷ -		
Billy E DEAR 4369 CAKEADOR D. 4369 CAKEADOR D. MARIANA, P. 32448 ***********************************			-
**************************************	orporation at the	place designate	***** ed in thi
	6-6	-03	٠,
Signature/Registered Agent	Date		Fi
Signature/Incorporator	6-6- Date	-03	