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F. OHESSES

## TRANSMITTAL LETTER

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

SUBJECT:	Phillips Inc. (PROPOSED CORPORATE)	NAME – MÜST INCLUDE	e suffix <sub>1</sub>
Enclosed is an origin	nal and one(1) copy of the article	es of incorporation and a	check for :
\$70.00		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	Donnie Phill Name (Pr 4131 Tara D		·
	Tallahassee F.	F/. 32303 State & Zip	

850-339-6621 Daytime Telephone number

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)			
ARTICLE I NAME		-	
The name of the corporation shall be:	_		
Phillips Inc.			
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  H131 Tara Or.  Ta/lahassee F1. 32303	and the		
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  (onstruction ( Dry will, Paintins, that elements)			
ARTICLE IV SHARES			
The number of shares of stock is:			
/		TAI 83	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):  Donnie Phillips		FILED  BY JUN 30 AM ID: 13  TALLANIASSEE, FLORIDA	
41)1 Tara Dr.		SLAT D: TO	
Tallahussee, Fl. 3230)		Dr. W	
ARTICLE VI REGISTERED AGENT		. Maria	
The name and Florida street address of the registered agent is:  Ponnic Chillip 4131 Tara Dr.			
Tallahass ce Fl. 32363			
ARTICLE VII INCORPORATOR	i. ,		
The name and address of the Incorporator is:  Donnie fhilips			
413 / Tara Dr. Tallahisser. Fl. 32303			
19 119 119 226. P 3 2 3 0 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	******	*******	t s <b>i</b> t
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to			his
Domi Phillys	6/	30/02	
Signature/Registered Agent	Date		٠
Donni Phillop	6/	/30/03	
Signature/Incorporator	Date	···	1-