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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

-11:

TRANSMITTAL LETTER

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

Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	LISAD.	Harks (Printed or typed)	
	505 E. Ne	w Vork	Ave #7
	Dehand	State & Zip	2724
	(386) M38 - Daytime To	- 1003 elephone number	·

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

ARTICLES OF INCORPORATION	FILED
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 03 JUL -3 PM 2:45
ARTICLE I NAME The name of the corporation shall be: 3BD, Corp.	SECRETARY OF STATE
The hadre of the corporation shall be:	SECRETARY OF STATE TALLAHASSEE. FLORIDA
ARTICLE II PRINCIPAL OFFICE	Desired Miss 117
The principal place of business/mailing address is: 505 E. De Louis	new York Ave., #7 Id, F/L 32724.
ARTICLE III PURPOSE	nai O Nimonal I
ARTICLE III PURPOSE The purpose for which the corporation is organized is: WWW. WWW. W.	were at property
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	ORS.
List name(s), address(es) and specific title(s): Chuck Davis. 3927 D. Nerose Circle. Cincinno	Hi. OH 45205; Prevident
Chuck Davis, 3927 N. Clerose Circle, Cincinno Lisa D. Starks, 505 E. NewYork, #7, Dch Judith Baldwin, 2089 Enderprise-Ostee Bill Baldwin, 2089 Enderprise-Ostee N ‡	and, FL 32724; Vice-President
Judith Baldwin, 2089 Enverprise-Ostea	in Rd., Enderprise, FL 32725; Treas
Bill Baldwin, 2089 Enterprise-Osteen 7	d, Enterprise, FL, 32725; Secret
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
Lisa D. Starks 505 e. New York Ave. #7	
Deland, FL 32724	
ARTICLE VII INCORPORATOR	ARTICLE III EFFECTIVE DATE
The name and address of the Incorporator is:	July 15, 2003
505 E. New York Aug. #7	4019 10000
Dehand, FL 32724	
**************************************	************
Having been named as registered agent to accept service of process for the al certificate, I am familiar with and accept the appointment as registered agent a	nd agree to act in this capacity
Lalla /	6/30/03
Signature/Registered Agent Lisa D. Stavks.	Date /

Signature/Incorporator Lisa D. Starks