

(F	Requestor's Na	ime)	
(A	ddress)		
(F	(ddress)		
	ity/State/Zip/F		
PICK-UP	WAT	r	MAIL
	Business Entity	/ Name)	
(E	Ocument Nun	nber)	
Certified Copies	Certifi	cates of S	Status
Special Instructions to	o Filing Office	n:	
D White &	1/12/03		

Office Use Only



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09/12/03--01061--001 **78.75

03 SEP 12 AH II: 57 DIVISION OF CURT ORATION

TRANSMITTAL LETTER

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

Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$78.75 Filing Fee \$70.00 \$78.75 \$87.50 Filing Fee, Filing Fee Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Nowwed Name (Printed or typed)

> 8560 Shound Circle H203 Address

958-499-6308 Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED SECRETARY OF STATE DIVISION OF CGREGATIONS

03 SEP 12 PH 12: PF

ARTICLE I NAME

The name of the corporation shall be:

NORMAN DRAKE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8500 ShUKMAH CIRCLE \$ 201

MINIMAE, F/ 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Riel estate Salve

ARTICLE IV SHARES

The number of shares of stock is:

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ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

NORMAN DRAKE - PRESOUNT 8500 SHIRMAN CINCLE # 203 MIRAMIN, FT 35025

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

NORMAN DINKE 8560 SHUNNIN CIRCLE #20

MINIMAN FI 37035 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NORMAN DREAM CINCLE # 203

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

The The

Signature/Incorporator

Date

9-12-03

Date