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TRANSMITTAL LETTER

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

SUBJECT:	VELA'S ST			OORP.	
Enclosed is an origin	(PROPOSED COI		ME - MUST INCLUDE	-	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of St	atus	S78.75 Filing Fee & Certified Copy ADDITIONAL C	& Certificate of Status	
FROM: VEDWYN ANG Name (Printed or typed) 341 OAK S DRIVE Address GATTN COVE SPRINGS 32043 City, State & Zip 904 - SOS - 80 - 77					
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: SPECIALTY TRADES VELA'S ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Oak ARIVE S GREEN COVESPRINGS . FL. 32043 ARTICLE III PURPOSE The purpose for which the corporation is organized is: or ANY LAWRELL Brainers ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): VEDWYN ANG 241 Oak S. DRIVE GREEN COVE SPRINGS FL. 32042 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: VEDWYN ANG 241 aak DRIVE GREEN COVE SPRINGS FL. 32043 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: EMMA BOTTO calc DRIVE S. REEN COVE SPRING FL. 32043 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator