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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	• <i>#</i>)
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TRANSMITTAL LETTER

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

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: _	Sichard Peters Nam	e (Printed or typed)		
	4414 MONTANO DVC	Address		÷
	SPRING HILL	FL 34609	 	

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

ARTICLE I NAME		
The name of the corporation shall be:		d o
Kichard Peters INC.		3 OC -
ARTICLE II PRINCIPAL OFFICE		ETANY 1-9
The principal place of business/mailing address is:	-	PH.
4414 MONTANO AVE	i i	
SPRING HILL FL 34609		TARKER STATE
ARTICLE III PURPOSE	. i	and the second
The purpose for which the corporation is organized is:	-	
ARTICLE IV SHARES The number of shares of stock is:		
1000		
ARTICLE V INITIAL OFFICERS/DIRECTORS	S (ontional)	
The name(s), address(es) and title(s):	<u> </u>	
Richard Peters		
4414 MONTANO AVE		•
SPRING HILL FL 34609		
ARTICLE VI REGISTERED AGENT		, <u>_</u>
The name and Florida street address of the registered ag	ent is:	
Aichard Peters 4414 MONTANO AVE		,
SPRING HILL FL 34609		
ARTICLE VII INCORPORATOR		,
The name and address of the Incorporator is:		,
Richard Peters	-	
44/4 MONTANO AVE		
SPAWE HILL FL 34609		•
*************	********	******
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registere	or the above stated corporation d agent and agree to act in thi	n at the place designated in this s capacity
Richard Peter		17/03
Signature/Registered Agent		Date
D.O. D. St.		la laz
リファント・スイン く イイイ・ストン	10	11106

Date

ARTICLES OF INCORPORATION

Signature/Incorporator

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