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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : 120000000237
Phone : (850) 224-8870
Fax Number : (850) 224-7047

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FLORIDA PROFIT CORPORATION OR P.A.

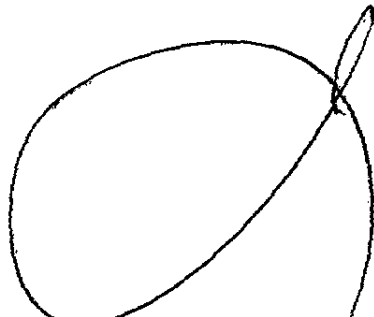
KOVER UP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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 11/13/12

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be:
Kover Up, Inc.**ARTICLE II PRINCIPAL OFFICE**The principal place of business/mailling address is:
5451 County Fair Court
Oviedo, FL 32765**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Conduct business in Florida

ARTICLE IV SHARES

Then number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es), and specific title(s):

Dennis J. Lystlund President
5451 County Fair Court
Oviedo, FL 32765**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:Dennis J. Lystlund
5451 County Fair Court
Oviedo, FL 32765**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Dennis J. Lystlund
5451 County Fair Court
Oviedo, FL 32765

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/Registered Agent

11-10-03

Date



Signature/Incorporator

11-10-03

Date

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