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SECRETARY OF STATE DIVISION OF CORPORATIONS



TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: □ \$122.50 \$70.00 \$78.75 **\$131.25** Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED FROM: William Johnson Name (Printed of typed) 352-485-1942 Daytime Telephone number

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

A DTICLES	OF	INCORPORATION
TKIICTE2	Or.	INCORPORATION

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated 11-203

Registered Agent