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TRANSMITTAL LETTER

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

SUBJECT:	Blaise	= 	
	(PROPOSED CORPORA	TE NAME - MUST INCL	uderuerx)
	• • • • • • • • • • • • • • • • • • • •		
Enclosed are an orig	final and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00	□ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of Status
		ADDITIONAL CO	
FROM:	Blaise Ste	vens	
Name (Printed or typed)			
912 Polphin Dr.			
Address			
	54.30 51 61	34904	; j= ;
•	City,	34996 State & Zip	
	772-215		<u>i, </u>
Daytime Telephone number			

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTIÇLE I NAME The name of the corporation shall be: Blaise Co. PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: Q12 Dolphin Dr. Stuart, F1 34996 **PURPOSE** ARTICLE III The purpose for which the corporation is organized is: Landscaping ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Blaise stevens - President 912 DOIPHINDG Stuart, 191 34996 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Braise stevens 912 Dolphin Dr 5+0254, Flayage INCORPORATOR ARTICLE VII The name and address of the Incorporator is: Blaise stevens ara Dolakin Dr 8+00++, 6134996 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

ARTICLES OF INCORPORATION

Signature/Incorporator