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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPORA	IL INCORPO	UDE SUFFIX)
Englared are an original	ginal and one (1) copy of the art	ialas of incorporation and	la check for
□ \$70.00	\$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
FROM:	WILLIAM	ADDITIONAL CO	
		R. MAYLE (Printed or typed) ISTWOOD DEL	· ve
		Address E FL- 34 , State & Zip	
	772 Daytime	467 9337 Telephone number	<u> </u>

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:

MAULE IL INCORPURATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5809 EASTLOUD DRIVE FOR+ PIERCE , FZ- 3495/

PURPOSE ARTICLE III

The purpose for which the corporation is organized is:

RETAIL / WHOLESME

プロロレS

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):

R. MAULE II WILLIAM

5809 EASTWOOD ORIVE

FORT PIERCE , FL- 3495/

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

GEORGE KALIDONIS

MOY FLECHNOOD LANG

FORL MERCE, PC- 34982

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM R. MAULE IF

5809 ETTST WOOD DRIVE

FORA PIERCE, FL. 3495/

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