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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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TRANSMITTAL LETTER

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

SUBJECT:	EVELAND, I	NC.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:		
□ \$70.00	□ \$78.75	1 \$78.75	□ \$87.50		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee. Certified Copy & Certificate of		
		ADDITIONAL CO	Status PY REQUIRED		
FROM: <u>EVELYN M RUNCIMAN</u> Name (Printed or typed)					
277 Galeon Ct. Address					
	CORAL GABLE	S + 1 3	3143		
	305 - 8043	L2 62 Telephone number			

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 <u>NAME</u> The name of the corporation shall be: FUELAND INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Ct CORAL GABLES , 7 33143 ARTICLE III PURPOSE The purpose for which the corporation is organized is: AND ALL LAWFUL BUSINESS 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): IVELYN H. PUNCHAN - REGISTERED AGENT 277 Galeon Ct Goral Gables ITI 33143 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: CORAL Gables, 71 33143 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 33143 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

Signature/Incorporator