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(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	TIAW [MAIL	
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(00	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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SECRETARY 20 PN 2: 05

TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPOR	TE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	l a check for:	-	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Jordan Nam 1529 Sol	(Printed or typed) On AVC Address		•	
	(727) 2	7, State & Zip 44 - 6360 Telephone number	<u>6</u>	04 MAY 20 PH 2: 05	SECRETARY OF CAMERS

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

The name of the corporation shall be:	ce Incorporateal
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1529	Soullon Ase. and b 33756 Cleaning FT.
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
ARTICLE IV SHARES The number of shares of stock is:	SECULIFIED POLYISHING FOR P
ARTICLE V INITIAL OFFICERS AND/OR DIRECTION List name(s), address(es) and specific title(s):	Loe (prodent)
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent 1529 John Ave	is: Vordon Lee April X 33756 Classicate 91
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: /SQ 9 Scient Ave.	Lee April 6, 33756 Chowards FT.

	4-19-124
Signature/Registered Agent	Date
Jander hu	4-19-04
Signature/Incorporator	Date

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