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TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	_
Enclosed are an orig	ginal and one (1) copy of the article \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	JOSEPH THOMA			ם נס
	3533 SUN	SET BLVD Address 34112-295 State & Zip	27 - 8 70L -8 77L	VICTOR TO SERVICE AND ADDRESS OF THE PARTY O
	729 - 277 -	_	57 = 4:02	

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

Daytime Telephone number

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
The name of the corporation shall be: JOSEPH T. GOLIAN	INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3533 SUNSET BLVD NAPLES FL 34112-2957	TOF 90
ARTICLE III PURPOSE The purpose for which the corporation is organized is: A PROFESSIONAL CORPORATION	\$50 25 27 12 32 2 01715422 - 8 F11 4: 02
ARTICLE IV SHARES The number of shares of stock is: 100 SHARES	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): JOSEPH T GOLIAN 3533 SUNSET BLVD WDPLES FL 34112	-2957
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: JOSEPH T GOLIAN 3533 SUNSET BLUD NAPLES FL 34112-	2957
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: JOSERH T GOLIAN 3533 SUNSET BLVD NAPLES FL 34112-29	57

Having been named as registered agent to accept service of process for the above stated corporation at the place of certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	lesignated in this
Signature/Registered Agent 3533 SUN SETBLYD NAMES TO Date	۲۰)
Signature/Registered Agent 3533 SUNSETBLYD NARLSR Date Date	

Signature/Incorporator Jos HPH T GOLIAN