## 704 000138628

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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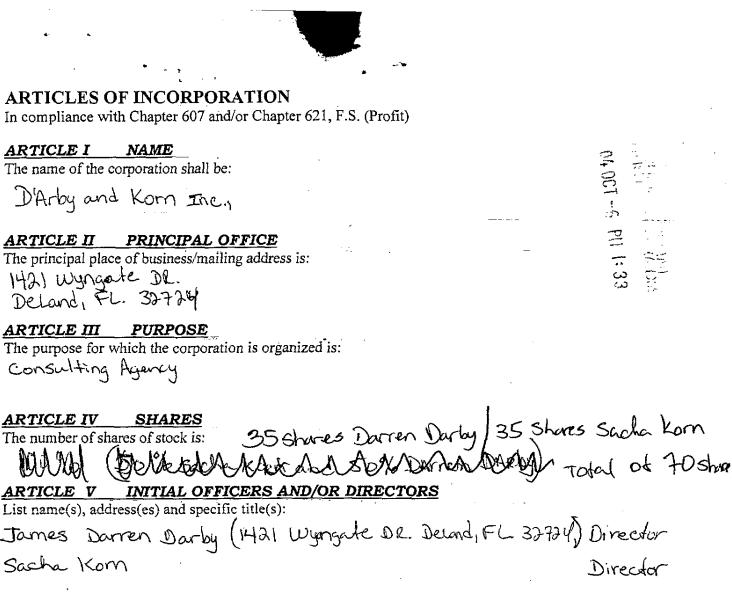
301-727 FE

## TRANSMITTAL LETTER

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

:CI: <u>- <i>y 1</i></u>	Arby and Kon (PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
l are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for: \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		ADDITIONAL CO	Status OPY REQUIRED
FROM:	James Darren De Name 1421 Wyngate	(Printed or typed)  O() Address	
-	Deland, Fl	32-724 , State & Zip	
	386 736 83	-0.	

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



## REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: larby, 1421 Styngate Dr. Deland, # 32724

ARTICLE I

NAME

1421 Wyngate DR. Deland, FL. 32724

Consulting Agency

Sacha Kom

	<u>INCORPORATOR</u>	
The name and add	iress of the Incorporator is:	1 Debud #32724
James Dav Sacha Kor	ren Darby, 1421. n, 1421 Hyngate Dr	Hyngate Dr., Deland, #132724 Deland, #132724

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

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0.00				8/25/04
Signature/Registered Agent		•		Date
1 Sin Sach	Fun	· <u> </u>		8/25/04
Signature/Incorporator	•			Date '