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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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## TRANSMITTAL LETTER

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

SUBJECT: Ma	rvel Mills Tri	m Co		
	(PROPOSED CORPORA	TE NAME - MUSTEINCU	DDESUBAX)	
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Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a cneck for:	
\$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	of Certificate of Status	& Certified Copy	& Certificate of	
		ADDUTEDNIAT CO	Status	
		ADDITIONAL CO	PY REQUIRED	
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FROM: Maryel Samuel Mills Name (Printed or typed)				
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	City	, State & Zip		
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NOTE: Please provide the original and one copy of the articles.

## In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: Marve/ Mills Trim ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: **PURPOSE** The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Morvel Mills REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: The name and address of the Incorporator is: 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

' ARTICLES OF INCORPORATION

Signature/Incorporator