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(Requestor's Name)
(Address)
(Addless)
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(City/State/Zip/Phone #)
(City/State/2)prinone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Buomoss Entry Harroy
(Document Number)
Certified Copies Certificates of Status
Octation Copies
Special Instructions to Filing Officer:

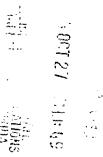
Office Use Only

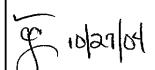


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TRANSMITTAL LETTER

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

TALLAHASSEE FLORIDA

	DROWN Construction
SUBJECT:	
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED

FROM:	Mike Brown			
	Name (Printed or typed)			
	268 Imain Circle			
	Padices			
	Michigan Fin 32343 City, Statel & Zip			
	(B50) 576 1723			
	Daytime 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 NAME	- 21 DING
ARTICLE I NAME The name of the corporation shall be: MICHAEL FOUN CON-	Alact por , a.
ARTICLE II PRINCIPAL OFFICE	.1 ()
The principal place of business/mailing address is: 4. O Sux 3	Midway,
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 7.0 Sox 3	32343
AKTICLE III FURPOSE	
The purpose for which the corporation is organized is:	
ARTICLE IV SHARES	70 1A
The number of shares of stock is:	(LL)
1	CT 2
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	SER S
List name(s), address(es) and specific title(s):	
Mike Brown	2004 OCT 27 AM II: O5 TALLAHASSEE FLORIDA
P.O. Box 3 Midway, FIA 32343	A m 5
President	
ARTICLE VI REGISTERED AGENT The name and Florida street address (B.O. Day NOT assessable) of the second street address (B.O. Day NOT assessable) of the second street address (B.O. Day NOT assessable) of the second street address (B.O. Day NOT assessable) of the second street address (B.O. Day NOT assessable) of the second street address (B.O. Day NOT assessable) of the second street address (B.O. Day NOT assessable) and the second street address (B.O. Day NOT assessable) a	d
The <u>name and Fibrida street address</u> (F.O. Box NOT acceptable) of the regi	Stered agent is:
The name and Florida street address (P.O. Box NOT acceptable) of the registration of t	2343
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	J. Rom
268 Inair Circle Midway, Fla	32343

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/Incorporator

Date
Date
Plate