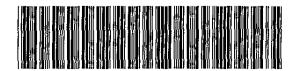


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DIVISION TO THE CO.

10 w/28

TRANSMITTAL LETTER

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

SUBJECT:	PROPOSED CORPORA	RIORS INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFLX</u>)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:	
~	, , ,			
\$70.00	№ \$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO		
		,		
EDOM.	CAROL T	HALER		
FROM:				
	Name	(Printed or typed)		
	129 OLIVERA	WAY		
	Address			
	Polon Beach Ga	1		

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

City, State & Zip

541 - 694 - 9005

Daytime Telephone number

ARTICLES OF INCORPORATION	BIVISIONE
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	0/ 00-
ARTICLE I NAME The name of the corporation shall be: Carol J. Interiors enc.	04 OCT 27 AM IO: ;
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is: 129 Olivera Way Palm Black garden Il. 33418	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARCHARON Design & Consulting	
ARTICLE IV SHARES The number of shares of stock is: / 00 0	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Carol Mally - Mesident	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agen (MACL) 129 Oliver Norg P.B. Y. J. 33418	t is:
The name and address of the Incorporator is: (and Inally 129 Olivera Way 129 Olivera 18 4 18 33418	
*******************	******
Having been named as registered agent to accept service of process for the above stated corporation at certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capa	
Carol Hales	0-25-04
Signature/Registered Agent	0-25-04 Date
Signature/Incorporator	10-25-04 Date