704000160995

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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11/22/04--01050--008 **175.00

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TRANSMITTAL LETTER

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

INC SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

\$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fec, Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

FROM:	DANA C BROWN				
	Name (Printed or typed)		~		
	9410 NW 18 ST	SECRE ALL'AI	04 NOV		
	Address	ASS	122	FIL	
		SEE	-	<u> </u>	
	Penbrecht PINES FL 33024 City, State & Zip		ΡH	0	
	City, State & Zip	LOF			
		TARY OF STATE ASSEE, FLORIDA	5		
	(954) 701.4977	1 1			
	Davtime 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

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1000



ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

The name and address of the Incorporator is:

ARTICLE VII

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/Registered Agent

Signature/Incorporator