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SEGRETARY OF STATE
ALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: A	STORIA CONS	STRUCTION TE NAME – MUST INCLI	N, COR	<u>P.</u>		
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:	_		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
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NOTE: Please provide the original and one copy of the articles.

954-360-9886 / 561-306-2611

Daytime Telephone number

ARTICLES OF INCORPORATION

Signature/Incorporato

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)