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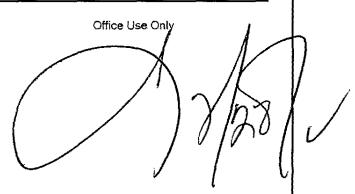
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



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DIVISION OF COMPONATION



TRANSMITTAL LETTER

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

SUBJECT: Samuel Juan Inc.				
(PROPOSEE CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00	\$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
			& Certificate of Status	
		ADDITIONAL CO		
FROM:	Ron Ber	Field (Printed or typed)		
58 Staux Circle				
-	Howara, Fl	<i>323</i> 33 State & Zip		
(850) 539-5171 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 The name of the corporation shall be: Samuel Juan ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 44 Mossy Oak 278 St Dwiney M 32351 The purpose for which the corporation is organized is: Drywall ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Quincy, F1 30351 - President - Vice President - Secretary 44 mossy oak and St Samuel Juan han Felipe Jorge Guzman REGISTERED AGENT The name and Florida street address of the registered agent is: Ron Benfield 58 Sioux Circle Havara, 11 32333 TICLE VII __INCORPORATOR The name and address of the Incorporator is: Ron Benfield 58 STOUX CIRCLE Havane, A 32333 Having been named as registered agent to accept vervice of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appoin tment as registered agent and agree to act in this capacity Signafure/Registered Agent