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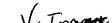
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificate	s of Status		
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TRANSMITTAL LETTER

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

SUBJECT: PHIL K	OOPMAN INC (PROPOSED CORPORA)	FE NAME – <u>MUST INCL</u>	UDE SUPPIX)
Enclosed are an orig	inal and one (1) copy of the artic	eles 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
FROM: MIC	CHAEL FERRARO		
	Name (Printed or typed)	
<u>-</u>	196 E. NINE MILE RD SUITE E A	ddress	
<u>.</u>	PENSACOLA FL 32534 City, S	State & Zip	
<u> </u>	850-475-4100 Daytime Te	elephone 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)

05 FEB 18 PM 4: 21

ARTICLE I NAME

The name of the corporation shall be:

Phil Koopman Inc

AFTA SE ST. FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business / mailing address is:
5406 Jenny Circle
Pace FL 32571

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any business or activity not prohibited by law.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V REGISTERED AGENT

The name and Florida Street address of the registered agent is:

Phil Koopman
5406 Jenny Circle
Pace FL 32571

The above is accepting the designation as registered agent.

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:

Phil Koopman
5406 Jenny Circle
Pace FL 32571

ARTICLE VII __NAME AND ADDRESS OF DIRECTORS/OFFICERS

Phil Koopman - President 5406 Jenny Circle Pace FL 32571 Ownership 100%

Pli Koop Man 3/15/05
Signature / Registered Agent 2/15/05
Signature / Incorporator Date