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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

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

closed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75	
FROM:	Jack L	Tille 7 (Printed or typed)	····
	10865 H	OFFNer Edge Address	Or.
	Riverview, 7	33569 , State & Zip	
	812-541-	. <u> </u>	

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

Daytime Telephone number

JG. to. J. Tilley Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 10865 Hoffner Edge, Dr Riverview, FL 33569

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting and other various forms of business

ARTICLE IV SHARES

The number of shares of stock is: One thousand

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jack L. Tilley 10865 Hoffner Edge, Dr Riverview, FL 33569 President and Secretary

ARTICLE VI REGISTERED AGENT

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

Jack L. Tilley 10865 Hoffner Edge, Dr. Riverview, FL 33569

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jack L. Tilley 10865 Hoffner Edge Dr. Riverview, FL 33569

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

4/7/e5 Date

Signature/Incorporator

4/7/05 Date 05 APR 27 AH q: 1, 7