705000079000

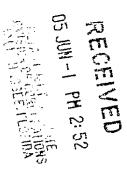
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
0 111 1 11 151 05					
Special Instructions to Filing Officer:					

Office Use Only



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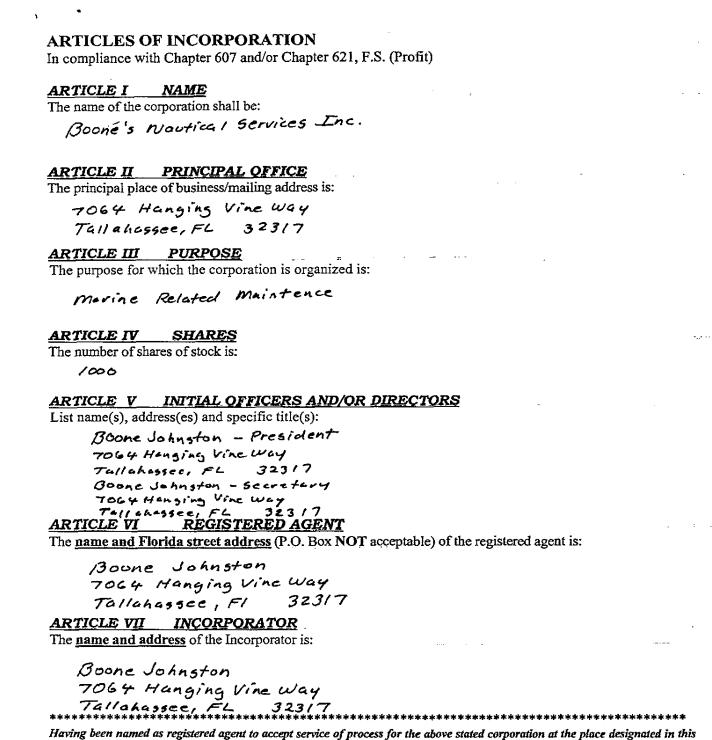
06/02/05--01001--002 **78.7S



TRANSMITTAL LETTER

Department of State Division of Corpora P. O. Box 6327 Tallahassee, FL 323	tions	**		
SUBJECT:	proposed corporal	(Services Ename- <u>must incli</u>	Inc. DE SUFFIXO	• · · · · · · · · · · · · · · · · · · ·
Enclosed are an orig	inal and one (1) copy of the artic	les 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:	Boone Johns	Printed or typed)		ده ۱۱ ماری ایران ده ایران ده ایران ده ایران ده ایران ده ایران ده ایران داد ایران داد ایران داد ایران داد ایران
-	7064 Hangi	ng Vine Way		
	Tallahasse	FL 32317 State & Zip		en e
	(850) 5 hlb- Daytime Te	6078	· -	

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



certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature Registered Agent

Signature incorporator

05-31-05

Date

05-31-05