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TAILAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: C-S Len (PROPOSED CORPORAT	ENAME-MUSTINCL	OVESTOR , INC
Enclosed are an original and one (1) copy of the artic \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: CLARENCE So	ADDITIONAL CO	DPY REQUIRED

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

05 JUN 30 PM 12: 05

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

SECRETARY OF STATE

The name of the corporation shall be: C. J Len Fistate

1 INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9180 Stoney PT LT TAIL FL. 32309

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

buy , stile land

ARTICLE IV SHARES

The number of shares of stock is:

<u>ARTICLE_V __ INITIAL OFFICERS AND/OR DIRECTORS</u>

List name(s), address(es) and specific title(s): CLARBNCE JOHNSON (President 19180 Storey Pt CT LATURY William , Vice President TAIL FL 32309

9180 Storey At CT TAMA FL 22309

541 NW 37 AVE. Ft LANderdale FC, 33311

ARTICLE VI REGISTERED AGENT

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

CRARENCE JOHNSON 9180 STONEY PT CCT 1911. PC. 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CLARENCE JOHNSON 9180 STONY OT -CT TAIL FL. 32309

Having been hamed 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