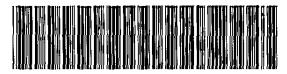
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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05 JUL 18 PM to 03

1. Suppose 1111 18 July

TRANSMITTAL LETTER

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

SUBJECT:	Corporon El	nteronses rename-must incl	Inc.	
Enclosed are an orig	inal and one (1) copy of the artic			
\$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	
FROM: Doug & Audrey Corporon Name (Printed or typed) 11118 Lakeland Circle				
-	Toyl Days	Address		

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. (Prof	it)
ARTICLE I NAME The name of the corporation shall be:	
Corporon Enterprises, Inc.	
	ew Corporation, arpentry
ARTICLE IV SHARES The number of shares of stock is: 1000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECT List name(s), address(es) and specific title(s): Doug Corporon President 1118 Lakeland Circle Fort Myers, FL 33913 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	Audrey Corporon, Clerk 11118 Lakeland Circle Fort Myers, FL 33913
Audrey Corporon 11118 Lakeland Circle Fort Myers FL 33913 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Doug Corporon 11118 Lakeland Circle Fort Myers, FL 33913	05 JUL 18 PM 4: 03
Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered agent Signature/Registered Agent	above stated corporation at the place designated in this and agree to act in this capacity 7/15/6_5 Date
Quokey Coporator Signature Incorporator	7/5/45 Date