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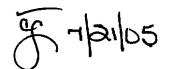
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## TRANSMITTAL LETTER

2005 JUL 21 PM 12: 29

SEUKE TARY OF STATE TALLAHASSEE FLORIDA

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

SUBJECT:	(PROPOSED CORPORA	TENAME-MUST INCL	JDE SUFFIX)
□ \$70.00	inal and one (1) copy of the art	icles of incorporation and \$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy  ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	JASON A.	METCALT (Printed or typed)	· ·
	P.O. Box	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. (Profit) ARTICLE I NAME The name of the corporation shall be: JASON METCALF INC. ARTICLE I NAME The name of the corporation shall be: JASON METCALF INC.

ARTICLE II	PRINCIPAL OFFICE			و سم مسرور		<u> </u>
The principal place	PRINCIPAL OFFICE e of business/mailing address	is: P.O.	NFOR	1035 DVILLE, F	_ر :	37376

ARTICLE III	<u>PURPOSE</u>	HNY	ころう	けしし	LEGAL
The purpose for w	which the corporat	ion is organ	ized is:		NESSES

ARTICLE I	rv_	SHARES	
The number of	of shares	of stock is:	1

ARTICLE	V	<u>INITIAL</u>	OFFICERS	S AND/OR	<b>DIRECTORS</b>
List name(s)	, addre	ss(es) and	specific title	(s):	
J	- ASO	N	1ETCAL	F-PRe	S
	Pic	). Bo	X 1039	<b>S</b>	•

P.O. BOX 1035 CRAWFORDVICLE, FL 32326

ARTICLE VI REGISTERED AGENT

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

JASON METCALE

OB SHEPHARDWOOD DR

CRAWFORDVILLE, FL 32326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JARON METCALF P.O. BOX 1035 CRAWFORDVILLE, FL 32326

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
Signature/Incorporator

July 21, 2005 Date July 21, 2005