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COVER LETTER

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

SUBJECT:	HOWIE DE	LIVERY, 3	INC.
Enclosed are an oriș	(PROPOSED CORPORATE	TE NAME - MUST INCL!	
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	1843 SUNS MASCOTTE, CITY.	(Printed or typed) ET NIDGE ON Address FU. 34753 State & Zip 58-2855 elephone number	

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

	Chapter 607 and/o	or Chapter 621, F.S. (Profit)		
ARTICLE I	NAME		_		
The name of the con		HOWIE	DELIVE	PY, INC	•
ARTICLE II The principal place	PRINCIPAL OF, of business/mailing	FICE address is: 1843	SUNSET	MAGE DR.	
	_	1010		ついつじろ	
		MASLO	TTE, FL.	39130	
ARTICLE III	<u>PURPOSE</u>				
The purpose for wh	tich the corporation	n is organized is:	a –		- On 11/
		TO 1	secone f	I LEGAL I	OMPANY
				ALIC) ,
ARTICLE IV	SHARES			LEGAL SECKET	FILE 05 SEP 21 I
The number of share	es of stock is:	_			103
	, .	,		뛰음	in se
ARTICLE V	INITIAL OFFIC	ERS AND/OR DIR	ECTORS	E - PROFILE	<u></u>
List name(s), addre		title(s): Colon	ET HAW	E-PRET	IAFNIT
		10110	CILICAT	PINCE RO	Non
		1843	30M3E1 1	4006 01.	
		MAPCAT	TE, FL.	34753	
		TIASCOT	, , , ,	- 1	
ARTICLE VI	REGISTERED	AGENT			
The name and Flor		(P.O. Box NOT accept	table) of the regis	tered agent is:	
		CANBARA			
		1843 SUN	SET RIOC	SE NR.	
		OR MASCOTTE	E) 347	C 7	
ARTICLE VII	INCORPORAT	OR PIASOTIC	176.011-	<i>-</i>	
The name and addi	ress of the incorpora	ator is:			
	COR	MET HOWE			
	1843	SUNSET LI	OGE DR.		
	MASO	SUNSET LI	4753		
**************************************		**************************************		**************************************	*****
certificate, I am Jamiliai	r with and accept the a	ppointment as registered a	the above stated cor gent and agree to act	poration at the place aes in this capacity	ignatea in inis
8	1/201) 9 —			
Signature	Registered Agent			Date	
Joseph Line	TOSISICION ASCIII			Date	_
Simo				9/17/0	Σ
/ Signature	/Incorporator			∕ Date	