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SLUCIDARY COSTATE
BALLAMASSUE, FLORMA

TRANSMITTAL LETTER

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

SUBJECT: _/_	litch Hubband	ING.	
	(PROPOSED CORPOR	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	ginal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
_	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	
			<u></u>
PDOM.	Mitch Hubb.	rnd	
PROM:	Name	(Printed or typed)	
	. 44		
	6716 Woods	ake Un. Fit	GO .
		Address	7 7 7
	ORLANDO	CL 32810	
	City	, State & Zip	
	321-202-81	76	
		elephone number	

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

ARTICLE I The name of the corporation shall be: Mitch Hubband Iar. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 19716 WOOD LAKE Dr. # 294 The purpose for which the corporation is organized is: PAINTING ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Witch Hubband 6716 MOOD MKG Dr. #294 ORLANDO, FI 32810 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: The name and address of the Incorporator is: ANITOH HUDBAND oodlake Dn A294 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

ARTICLES OF INCORPORATION

Signature/Incorporator

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