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COVER LETTER

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

SUBJECT:	James (PROPOSED CORPORA	Robertson &	Conspending of
	(**************************************		,
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 REQUIR		_ :
7501		211	
FROM:	James L Name	(Printed or typed)	
1303 Ocala 12d #128			
	•	Address	
	T 11 1	El ana	,
-	Lallahussel, City,	F 32304/ State & Zip	
_	950 - 6 41 Paytime T	-/932	<u></u>

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: James Robertson's Cappentry IMC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1303 OCala Rd #128 Tallahassee F1 32304/ ARTICLE III PURPOSE The purpose for which the corporation is organized is: Corpentry Services ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): James Robertson President 1303 Ocala 12d. # 128 Tallahassee, Fl. 323a4 ARTICLE VI REGISTERED AGENT The name and Fl. The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: James Robertson 1303 ocala 17ed #128 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Tames Robertson 1303 ocala Rel. #129 Tallochasseer Ft 32304 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

1/eV - 2/ -01 Date