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OF DEC 20 PH 1: 20

COVER LETTER

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

SUBJECT: URVE CO.			
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLUI</u>	DE SUFFIX)	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a	check for:	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED	
FROM: DIANA ME DE CARDOZO Name (Printed or typed)			
6409 SANTA	MONICA	DR.	
TAMPA, FI	L. 33615 State & Zip		
(813) 728-0	0514 Elephone number		

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: URVE Co.	SECRETARY OF STATE DIVISION OF CORRESPATION OF CORRESPATION OF CORRESPATION OF DEC. 20 PM 4: 30
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6409 SANTA MONTCA DR. TAMPA, FL. 33615 ARTICLE III PURPOSE The purpose for which the corporation is organized is: GENERAL - PURPOSE	
ARTICLE IV SHARES The number of shares of stock is: OO ONE HUNDRED ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
6409 SANTA MONTCA DR. 6409 S	ON L. CARDOZO SANTA MONICA DR. FL. 33615
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the report of the Polymonth of	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: DIANA M.E. DE CARDOZO 6409 SANTA MONICA DR. TAMPA, FL. 33615	
Having been named as registered agent to accept service of process for the above stated certificate. I am familiar with and accept the appointment as registered agent and agree to Signature/Registered Agent Signature/incorporator	corporation at the place designated in this