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COVER LETTER

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

SUBJECT: Mor	nfield Inc		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Monfield, Inc		
		e (Printed or typed)	
	5135 Martha Ann Dr	Address	
	Jax FL 32207	, State & Zip	
	(904) 3433052	Telephone 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:

Monfield, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5135 Martha Ann Dr Jax FL 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Tom Monnell, Pres. c/o 5135 Martha Ann Dr, Jax. FL 32207 SELVALLA DE CESTATE

ARTICLE VI REGISTERED AGENT

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

Harold Coffield c/o 2743 Anniston Rd Jax, FL 32246

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Harold Coffield c/o 2743 Anniston Rd Jax Fl 32246

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

1/5/06 Date

Date