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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer.
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AUTHORIZATION BY PHONE TO
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TRANSMITTAL LETTER

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

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

RTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	FILEO
"DEID - IT" IN THE INC	SECONTINUE
The name of the corporation shall be: $DEw-TT'/N TILE/NC$	TALL AHASSEE, FLORIDA
<u>ARTICLE II PRINCIPAL OFFICE</u>	
The principal place of business/mailing address is:	
781 HENDRIX AVE ORLANDO, FLA 32825	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
TO PROTECT ASSETS	
ARTICLE IV SHARES	
The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)	
The name(s) and address(es):	
PRES. DOWARD O. MARION JR.	
7 81 HENDRIX AVE	
ORLANDO FLA 32825	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
DUWARD O. MARION TR.	
781 HENDRIX AVE ORLANDO	FLA 32825
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
DUWARD O. MARION IR.	(11 22826
DOWARD O. MARION TR. 181 HENDRIX AVE ORLANDO,	MAA SOODS
******************	********
Having been named as registered agent to accept service of process for the above stated corporation	on at the place designated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in the	sis capacity
UBM see 1	16/06
Signature/Registered Agent Dat	e
	16/06
Signature/Incorporator Da	te