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(Re	equestor's Name)	
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Certified Copies	Certificates	of Status
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SECRETARY OF STATE

615 (S)

COVER LETTER

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

SUBJECT: THIS, THAT 'N THE OTHER CORPORATION (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

FROM: ELLIE TRAHAN

Name (Printed or typed)

4612 SE 36TH AVE

Address

OCALA, FL 34480

City, State & Zip

352-867-8595

Daytime 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:

THIS, THAT 'N THE OTHER CORPORATION



ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4612 SE 36TH AVE. OCALA, FL 34480

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PERFORM ANY AND ALL LEGAL ACTIVITY IN FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ELLIE TRAHAN, 4612 SE 36TH AVE., OCALA, FL 34480 - PRESIDENT LUANN LAPIERRE, 31 PECAN COURSE CIRCLE, OCALA, FL 34472 - VICE PRESIDENT DEBORAH STARLING, 500 SE 49TH AVE., OCALA, FL 34471 - SECRETARY

ARTICLE VI REGISTERED AGENT

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

ELLIE TRAHAN 4612 SE 36TH AVE. OCALA, FL 34480

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ELLIE TRAHAN 4612 SE 36TH AVE. OCALA, FL 34480

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

Clie Sallar

Signature/Incorporator

Date