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(Re	questor's Name)		
(Ad	dress)	<u> </u>	
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COVER LETTER

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

_{SUBJECT:} Luka	sz Kurszewski Inc.		
	(PROPOSED CORPORA	te name – <u>Mustincl</u>	UDE SUBTIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	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
		10000000111 CC	Status
		ADDITIONAL CO	PY REQUIRED
		*···	
FROM: LL	ıkasz Kurszewski		
TROM:	Name	(Printed or typed)	
	550 102 ND Ave. N		
	A	Address	
	Nonlos El 24109		
•	Naples , FL 34108	State & Zip	
	,		
	239-537-7319		
•	Daytime T	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

· The name of the corporation shall be:

Lukasz Kurszewski Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

550 102 ND Ave. N Maples,

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Stone Craft and Consulting

ARTICLE IV

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lukasz Kurszewski / President

FILED W 21

REGISTERED AGENT

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

Lukasz Kurszewski 550 102 ND Ave. N Naples FL 34108

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Lukasz Kurszewski 550 102 ND Ave. N Naples FL 34108

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

ignature/Registered Agent

Signature/Incorporator