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COVER LETTER

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

ed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

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

City, State & Zip

Daytime Telephone number

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: PRINCIPAL OFFICE The principal place of business/mailing address is: The purpose for which the corporation is organized is: The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Jored Gilbert 8529 Swall Terroce MiAMI, Florida 33189, Aresident JiMeen Gilbert-Smyke 8529 Swall Terrale, Minmi, F1 33189, Vice Presid. 1. Gilbert 8529 Sw 214th Terrace, miami, Florida 33/89 vice president se The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Tara d. Gilber 8529 SW 214# TETTACE The name and address of the Incorporator is: MiAmi Florida 33189 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, Lamfamiliar with and accept the appointment as registered agent and agree to act in this capacity

ARTICLES OF INCORPORATION