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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(D) : [17] N			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			

Office Use Only



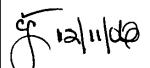
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DEPY 15.1 LE STATE HYISION OF CURFORATIONS TALLAHASSEE, FLORIDA

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:	PROPOSED CORPOR	CATPO ATE NAME – <u>MUST INCL</u> I	UTTO COLUMNIA DI DE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	1098 lows Crawford ville		27_

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

Daytime Telephone number

Note that the second se	SPFECTIVE DATE
ARTICLES OF INCORPORATION	0/0/07
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	Eff. Date 1-1-07
A DOVOL D. I. STATED	2++. Nate 1-1-01
ARTICLE I NAME The name of the corporation shall be:	
Gary Glover Carporty, Inc.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
1098 100 rtripe - Crawfordville, FL 323	127
,	TS: 0
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
any and All located business	ASS I
de / sous mess	Mc = M
ARTICLE IV SHARES	EE.FLOR
The number of shares of stock is:	0R 31
3	Or A
	ona.
ARTICLE V INITIAL OFFICERS AND/OR DIRECTO List name(s), address(es) and specific title(s):	<u>DRS</u>
1098 lower Drige - Crawfordville, FL	
1098 lower Grave - Crawtordville, FL	32327
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable)) of the registered agent is:
Come Charax load musclorace	
Crawfordille, F-L 32	227
Cha wtord 1117, 1232	-52/
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Cary Glover 1098 lower 1098 Crawfordville, F-L 32	
Con Standa He JE/ 32	クッワ
Crawlor Bully 2 32	32/
***********	*********
Having been named as registered agent to accept service of process for the ab- certificate, I am familiar with and accept the appointment as registered agent a	• •
	10 11 01
(xxx) (/avac	12-11-06 Date
Signature/Registered Agent	
-lary Cloubt	12-11-06
/ Signature/Incorporator	Date