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COVER LETTER

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

SUBJECT:	Co CIMAN (PROPOSED CORPORA	Revouation TENAME-MUST INCL	TAC.
	(Not obtained	MOST INCL	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for: 7
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fée & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Michael D Name	Coffman (Printed or typed) Aue, Address	MAR 15 PH I CRETARY OF STAHASSEE. FLI
-	Or lando chy,	State & Zip	8060A
	321-2 Daytime T	31-2063 elephone number	3

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)	
The name of the corporation shall be: Coffmon Renovation Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3641 Bloss Aue. Orlando FL. 32806. ARTICLE III PURPOSE The purpose for which the corporation is organized is: Home and Business upkeep and maintenance ARTICLE IV SHARES	and Renovations
The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): M: ke (M:chael) Dav.d Coffman 3641 Bl:SS Auc. Orlando, Fl. 328 Owner, operator, chief officient. ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the re Mixed Coffman 3641 Bliss Auc Ollando, Florida 32804 ARTICLE VII INCORPORATOR	IS PH 1:2 ARY OF STA SSEE, FLOR
The name and address of the Incorporator is: Michael D. Co-flman 3641 Bliss Aug Orlando FL. ***********************************	**************************************