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(Requestor's Name)				
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(City/State/Zip/Phone #)				
(,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
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Certified Copies Certificates of Status				
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I ACKNOWLEDGE TO ACKNOWLEDGE SUFFICIENCY OF FILIP DEPARTMENT OF STATION OF CORPORATION

D. WHATE SEP 18 2007.

COVER LETTER

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

SUBJECT:	4 J. SEVE/ON (PROPOSED CORPORA	MENT CARD		
	(PROPOSED CORPORA	TE NAME – MUST IN Ç LI	UDE SUFFIX)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: FROM: Name (Printed or typed)				
1631 AUNW AVE				
	Took will to	State & Zip	3248	

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) NAME
OT STREKENVILLE

O ARTICLE I The name of the corporation shall be: ARTICLE II The principal place of business/mailing address is: 2631 DUNN AVE JACKSONVILLE TA 32218 **PURPOSE** ARTICLE III The purpose for which the corporation is organized is: All LAWTUL BUSINESS SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): MARRY ANDERSON 268/ BUNN AVE 322/8 JEAN CLARKE 1631 DUNN AVE 322/8 The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: (Ante 1631 DUNN AVE 32218 JARKSOWILL FA ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: STAN CLAME ICZI DUNN AVE 32218 - FACKSINVILLE TA 32218 Having been named as registered algent 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

ure/Incorporator