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## **COVER LETTER**

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

SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	ÜDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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:		(Frinted or typed)	
	264 Marigoli	DR apt T	2 201
	Pensacola F		
	(850)	960-4239 Pelephone number	

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

Devion Inc	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  64 Marigold Dr apt 72 201  Consacola, FL 32506  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Stuffing Services	res AL36547 1248
ARTICLE IV SHARES  The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  List name(s), address(es) and specific title(s):	07 NOV -9 PH 12: 13 SEURLIARY UI SINIDA TALLAHASSEE, FLORIDA
Having been named as registered agent to accept service of process for the above stated corporati	**************************************
Signature/Registered Agent  Signature/Incorporator	nis capacity    11/09/07   Date   11/09/07   Date

ARTICLES OF INCORPORATION

NAME

The name of the corporation shall be:

<u>ARTICLE I</u>

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)