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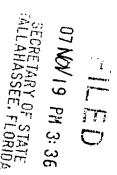
(Requestor's Name)			
(Address)			
((1881888)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Contification of Chatra			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

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

SUBJECT:		COTP. TE NAME - MUST INCLUDE SUFFIX)
Enclosed are an original \$70.00 Filing Fee	ginal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM:	Windermare City,	Dunn (Printed or typed) enport Village Pkwy, Ste 114 Address FL 34786 State & Zip

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)	· · · · · · · · · · · · · · · · · · ·
ARTICLE I NAME	MLED
The name of the corporation shall be:	V NOV LO
Roxycor Corp.	OTNOV 19 PH 3: 36 SECRETARY OF STATE ALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	-L. FLORIDA
The principal place of business/mailing address is:	
13506 Summerport Village	PKWY + 114
Windermere FL 34786	•
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
whole sale materials	
ARTICLE IV SHARES	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	<u>s</u>
List name(s), address(es) and specific title(s):	
· Patrick Dunn	
13506 Summerport Villa	age PKWy, #114
13506 Summerport Villa Windermere, FL 347	184
•	

Director of Sales

ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box NOT acceptable			
Patrick Dunn 13506 summerport Village Pkwy Windermere, FL 34786	, # 114		
ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporator is:			
Patrick Dunn 13506 Summerport Village Pku Windermere, FL 34786	y #114		
Having been named as registered agent 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			
100	11/14/07		
Signature/Registered Agent	Date		
	4/14/07		
✓ Signature/Incorporator	Date		

OT NOV 19 PM 3: 36
SECRETARY OF STATE
FALLAHASSEE, FLORIDA