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(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bi	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			
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	Office Us			



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08 APR -3 PM 4: 20

OLPATICATION OF CORPORATION
TALL A MASSEE FI ORIOA

RECEIVED

OB APR -3 PM 4: 29
BECRETARY OF STATE

Office Use Only

COVER LETTER

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

SUBJECT: Bacs and Thanks IUC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						
			•			
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	a check for:			
	_					
\$70.00	\$78.75	\$78.75	\$87.50			
Filing Fee	Filing Fee	Filing Fee	Filing Fee,			
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of			
			Status			
•		ADDITIONAL COL				
LICESUL FILLESON						
FROM: WARRY FILESON Name (Printed or typed)						
	·	(Trinica or typea)				
	2197 Khoka	CT				
		Address				
	1-11-61.20	FL 32067				
	middleburg	-				
City, State & Zip						
	904.264.379	7				

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

Daytime Telephone number

ARTICLES OF INCORPORA In compliance with Chapter 607 and/o		rofit)		
ARTICLE I NAME The name of the corporation shall be:	of Chapter 021, 113. (1	, control	08 APR SECRET	•
BAGS -N-THANGS	IUC .		ARY -3	
The principal place of business/mailing BAGS-14-1HAUGS ZIQT KHOLT CO MICHELLE III PURPOSE The purpose for which the corporation AMY AND OIL LAWFUL DES	3 address is: 3 20 C ? n is organized is:		PM 4: 29 GF STATE E. FLORIDA	
ARTICLE IV SHARES The number of shares of stock is:				
ARTICLE V INITIAL OFFICE List name(s), address(es) and specific KIARRY D FRIZZON ZIOT KNOW CT TOCKLOWY FL 320	- CET	ECTORS		
The name and Florida street address WARRY D. FILLSON ZIQT KHOKE CT MICHIGANY FL 3	(P.O. Box NOT accept	able) of the registered	d agent is:	
The name and address of the Incorpor VIARRELI D. FRILS ZIQT KHOKE CT MICORPORAT TO CHOKE TO S TO CHOKE TO	ator is:			
**************************************	**************************************	he above stated corporati	on at the place designated	
certificate, I am familiar with and accept the a	ppointment as registered ag	· · · · · · · · · · · · · · · · · · ·	Date	
Signature/Registered Agent Whater Theo		إ	Date /03 /03	