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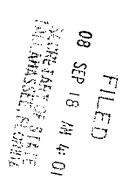
(Requestor's Name)						
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COVER LETTER

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

SUBJECT:	New			INCORDORATED
_		(PROPOSED CO	RPORATE NAME –	MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	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
i			

FROM: JERMAINE MURRAY

Name (Printed or typed)

5602 Silver Star # 527

Address

ORIANDO, FL 32808

City, State & Zip

407 835-0425

Daving Telephone number

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 The name of the corporation shall be: NEW PhoenIX MARKETING INCORPORATED PRINCIPAL OFFICE ARTICLE II The principal street address and mailing address, if different is: 4= ARTICLE III The purpose for which the corporation is organized is: AGGRESSIVELY MARKET AND ADVERTISE PRODUCTS AND SERVICES ON DEHALF OF AuthORIZED PARTNERS. ARTICLE IV SHARES The number of shares of stock is: HULLDRED (500) FIVE INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): JERMAINE MURRAY -DRIANDO, ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: JERMAINE MURRAY 5602 SIVERSTAR RD # 527 ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is JERMAINE MURRAY # 5 5602 Silver Star RD) RIANDO, FL 32808 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 Signature/Registered Agent

Signature/Incorporator