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COVER LETTER

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

SUBJECT: β	ONNIE Ober (PROPOSED CORPORA	TENAME-MUSTING	intes IN
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
570.00 Filing Fee	™ \$78.75	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	BONNIE Obe		
	10429 Lucia		
	/ City,	State & Zip	

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

Daytime Telephone number

	ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)			8	
	ARTICLE I NAME The name of the corporation shall be: BONNIE Ober IN ASSOCIA	Hes	INC	DEC 12 PH	THE PARTY OF THE P
	ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is:	,			
	TAMP4 FC 33647. ARTICLE III PURPOSE The purpose for which the corporation is organized is: EFF.	Ecru	IE DEC	4,20	08
THE	THOW I MY AND SELLING RESIDE THE UARTOUS CONNITED through ARTICLE IV SHARES The number of shares of stock is: 10 SHARLES	est: A Lout	LREAL Horid	ESTA.	E
	ARTICLE V INITIAL OFFICERS AND/OR DIRECTO List name(s), address(es) and specific title(s): BONNIE Ober 1: N - PRESIDEN 10429 LUCKHA DR-TRESUME THOPA FL B3647 - Secretar	_ //	HEIDI Viee I Addre	PRESIC	lew
	ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	of the regis	stered agent is:		
	BONNIE Ober (:N) 10429 Luckya DR. THADO FL J33647 ARTICLE VII I INCORPORATOR				
	Bown 1 Cuchy a DL. The part Ft 33647			***	
	Having been named as registered agent to accept service of process for the ab certificate, I am familiar with and accept the appointment as registered agent and			ce designated in	ı this
	Signature/Registered Agent		Dec.	9,200,8	,
	Bonie Ober		Dec.	<u>1,2008</u> <u>9,2</u> 008	~
	Signature/Incorporator		Date	•	