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COVER LETTER

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

SUBJECT: RA	(PROPOSED CORPOR	1 inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
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	
FROM: Benjamin Haskins Name (Printed or typed) 466 woodlands Blvd Address Defuniale Sorings Fl 32433				

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

E-mail address: (to be used for future annual report notification)

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:	
BH Framing services inc	
The principal street address and mailing address, if different is: 466 woodlands Blood. Defenial special special street.	chgs FL 32433
The purpose for which the corporation is organized is: Any and all Lawfull Buisness	99 JUN 18 SECRETAR TALLAHASS
ARTICLE IV SHARES The number of shares of stock is:	RY OF STATE SSEE, FLORIG
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR List name(s), address(es) and specific title(s):	<u>ss</u> RDA
Benjamin Haskins 44 woodlands	ngs FL 32433
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of Benjamin Hoslings Bludi	f the registered agent is:
Refunial springs fl 32433 ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
You woodlands Blud	
Defunahsprings FL 33433	*********
Having been named as registered agent to accept service of proce place designated in this certificate, I am familiar with and accept agree to act in this capacity	ss for the above stated corporation at the
Bel	6/18/09
Signature/Registered Agent	6/16/09

Signature/Incorporator