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(Business Entity Name)				
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O9 SEP 16 AM 10: 56

VIH

COVER LETTER

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

SUBJECT:	(PROPOSED CORPORA	Inc	1
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	12 \$87.50 Filing Fee, Cértified Copy & Certificate o Status
		ADDITIONAL COPY REQUIRED	
FROM:	jerome m R Nam 909 central		
 -	TALL F1 37		
	950 933·17 Daytime 7		
	E-mail address: (to be use	aol - Com ed for future annual report i	notification)

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

FILED ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 09 SEP 16 AM 10: 56 Robinson's Drywall Insegretary of SHATE ARTICLE I NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 909 control St TALL A 32303 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and all Lawful Business ARTICLE IV SHARES The number of shares of stock is: Oht ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):) trome m Robinson god contral St TALL F1 32303 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Jerome Robinson gog central St TALL Fl 32303 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:) crome m Robinson and central st TALL F1 32303 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

Se/ 1/09
Date

Scr 16/09 Date