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| (Requestor's Name) | |
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| (City/State/Zip/Phone #) | _ |
| PICK-UP WAIT MAIL | |
| | 1 |
| (Business Entity Name) | , |
| (Document Number) | , |
| Certified Copies Certificates of Status | . ‡ |
| Special Instructions to Filing Officer: | : - |
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COVER LETTER

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

| SUBJECT: | Arm Akers (PROPOSED CORPORA) | INC. TENAME - MUST INCL | UDE SUFFIX) | | |
|--|--|---------------------------------------|---|----------|--|
| | original and one (1) copy of the artic | | | | |
| ☐ \$70.00 Filing Fe | | ☐ \$78.75 Filing Fee & Certified Copy | *2 \$87.50 Filing Fee, Certified Copy & Certificate of Status | | |
| | | ADDITIONAL CO | | <u>}</u> | |
| FROM: Armaker R Horne Name (Printed or typed) | | | | | |
| | | | | | |
| Jacksonulle, Fl 32208 City, State & Zip | | | | | |
| 9625 Waynes Doro que Address Jacksonulle, Fl 3228 City, State & Zip Goy) 766 - 0 887 Daytime Telephone number | | | | | |
| _ | E-mail address: (to be used | for future annual report n | otification) | | |

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)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

The name of the corporation shall be: Arm A Kers Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

9625 Waynes boro are, Jacksonulle, Fl 32208

The purpose for which the corporation is organized is: This corporations purpose is to engage in any lawful activities for which corporations may be formed, according to the laws of this state

The number of shares of stock is: Common 5tock (voting rights) 10,000 shares Preferred Stock (nonvoting rights) 10,000 shares

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): President: Armaker R. Horne 9625 waynes boro are Jacksonville, Fl 3208 vice President: Jarvona T. Horne 9625 waynes boro are Jacksonville, Fl 32208 Treasurer and Secetary: Armaker R Hornc (same as above)

ARTICLE VI REGISTERÉD AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

T. Horne Jar Vona 9625 warnes boro are, Jacksonville, Fl 32208

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Armaker R. Horre 96as waynes boro are Jacksonville FI 32208

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

Jarvong T. Horne for Mon Home Signature/Registered Agent Armaker R. Horne Ach a Sware