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COVER LETTER

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

SUBJECT:	n chita Construct	in The		
· · ·	(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	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL COPY REQUIRED			
FROM: Patricia a. Weaver Name (Printed or typed) 318 Meadow Lidou Drive Address Tallahaure Fig. 23232 City, State & Zip Daytime Telephone number				
Daytime Telephone number				
E-mail address: (to be used for future annual report notification)				

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) 09 NOV 10 PM 2: 30 ARTICLE I NAME The name of the corporation shall be: SEGRETARY OF SHALL TALLAHASSEE, PLORIDA ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: Ridge Drive Tall, Fl. 32312 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV The number of shares of stock is: $\bigcap b \cap b$ INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: The name and address of the Incorporator is: 318 Meadon Kidge Drive Tall, F/32312 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 Date Date

Signature/Incorporator