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COVER LETTER

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

SUBJECT: K	ELSO STOCKWO	OD GROUP TE NAME - MUST INCL	・ INC、 UDE SUFFIX)	_	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:	l	
■ \$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 CO	PY REQUIRED		
FROM: <u></u>	Villiam . J.	e (Printed or typed)		201	
	359 Fern	Ave . Address	LASS ASS	2010 MAR 22	
<u> </u>	ENTEr Lachen) <u>F</u> <u>C</u> , <u>3</u> 2	148	2 AM	m

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

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

386-684-2919 Daytime Telephone number

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:
KELSO STOCKWOOD GROUP INC.
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is:
359 Fern Ave
Interlaction FL 32148
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Manufactoring
ARTICLE IV SHARES The number of shares of stock is: 1000
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): William J. Kelly President 359 Fern Ave. Interlachen FL. 32148
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: William J. Kelly 389 Fern Ave Inter-Lachen Fl. 32198
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: William J. Kelly 359 Ferry Ave InterCachen F1.32148

place designated in this certificate, I am familiar with and accept the appointment as registered agent and
agree to act in this capacity
WW/Man 1. Kelly 3-14-10
Signature/Registered Agent Date
Willy 3-14-10
\ Signature/Incorporator Date