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## **COVER LETTER**

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

SUBJECT: <b>Y</b> _	<u>aldeo lac.</u>	TE NAME - MUST INCL	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	i a check for:
\$70.00	\$78.75	\$78.75	■ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
i ming i cc	& Certificate of Status	& Certified Copy	Certified Copy
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	1032 Lark 9	Address	<u></u>
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	seminole, FL, 3	State & Zip	
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( '	727) 470-340	5	
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		۸ ره. د ره	- 00
	E-mail address: (to be use	of for future annual report	notification)
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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)		
ARTICLE I NAME  The name of the corporation shall be:  Boldeo IC.		
ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is:  8032 Land St. Seminale, FL, 33777		
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  \independent Contractor		
ARTICLE IV SHARES The number of shares of stock is: \	2010 SEC	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	2010 MAR 26 F	FILED
	PH 3:	O
ARTICLE VI REGISTERED AGENT	<b>5</b>	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:		
Dargh nowth Baldeo 8032 Lark St. Seminale, FL, 33777		
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Darthauth Baldes  8032 Larth St. Seminde, FL, 33777		
**************************************	******* poration a	*** at the
place designated in this certificate, I am familiar with and accept the appointment as registe agree to act in this capacity	red agent	t and
Darchautt baldes  Signature/Registered Agent  Darchautt Baldes  3-24-  Date  3-24-	10	
Darelmark Baldeo Signature/Incorporator  Signature/Incorporator  Date		
or Puntana maor borano.		