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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #1)
	\ / /	,
PICK-UP	WAIT	MAIL
	75	
(Bı	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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TO ACKNOWLEDGE SUFFICIENCY OF FILIN DEPARTMENT OF STATE

mrga

COVER LETTER

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

SUBJECT:	PROPOSED CORPORA	STRUCTION C ATE NAME - MUST INCL	TOUS (
Enclosed are an orig	ginal 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 CO	PY REQUIRED
FROM:	ED FREEM	(Printed or typed)	
	90/ Grace Jane	Address MC	
	Tallahossec City,	16 3 2 3 State & Zip	17
	850 - 264 - 031 Daytime T	Selephone number	

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

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

ARTICLES OF INCORPORATION

FILED

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	U TI JAN-TATA LISTANDO EMPLOY
	10 SEP -2 PM 1: 03
ARTICLE I NAME	and the fine of the first state
The name of the corporation shall be:	SECRETARY OF STATE
Coppesis Construction Group	HALAMASSEE, PLUKIUM
G(1/c)1) ((1/1/10/1	•
ARTICLE II PRINCIPAL OFFICE	
The principal street address and mailing address if different in	
1637 Metropolifan Blus Svite	· 4-7
Till I will follow the form	= 11 C
Tallchessee, FL. 32308	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: ANY AND All LAWE! WEINE	
ANY And All lacital hier	o ((
	
ARTICLE IV SHARES	
The number of shares of stock is:	
1000,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
ED FREE MAN Presidant	
ED PICEE MAN MISSERY	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the re	egistered agent is:
EU FREEMAN 11-11- CA	
gol Groveland Holls M.	
Talla hassee Fl. 32317	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
ED CA SMAN	
FO FREEMAN Hills DR. 901 Grae land Hills DR. Talla hassee, Fe. 32317	
901 Grade 1010 1 32217	
74 Ma hassee, 1-6. 5 2311	
*******************************	*********
Having been named as registered agent to accept service of process for	
place designated in this certificate, I am familiar with and accept the ap	ppointment as registered agent and
agree to act in this capacity	,
Cl X	1.4/- 1-
	70/1/4/2010
Signature/Registered Agent	Date
40 1	Sept/2/210 Sept/2/210
Signature/Incorporator	Date