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DETARTMENT OF STATE DIVISION OF CURPORATIONS

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10 OCT -1 FM 5: 80

COVER LETTER

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

SUBJECT: GICLOPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 \$87.50

Filing Fee Filing Fee & Filing Fee & Filing Fee, & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: MP (A Ship Name (Printed or typed)

Name (Printed or typed)

Address

TOTAL SSU FL 32300

City, State & Zip

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 FILED In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 10 OCT -1 RM 5: 80 ARTICLE I NAME The name of the corporation shall be: SECNE WAY OF STARE TABLIAHASSEE, FLORIDA ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 830E Park Ave #3107 Tallahassee, FL 32301 The purpose for which the corporation is organized is: annunt ARTICLE IV The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): 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: -(32302 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