P100000080311

(Re	equestor's Name)	
(Ad	ldress)	
(0.0	ldress)	·
(^\0	idie <i>ss)</i>	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(D.	rainaan Entitu Naw	
, (Br	isiness Entity Nam	ne)
(Da	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600185778606

10/05/10--01001--004 **70.00

TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE CORPORATIONS
2010 OCT -4 PM 3-27

FILED

10 OCT -4 M 3: 28

ELAHASSEE FLORIDA

J. Shivers OCT 04 200

COVER LETTER

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

SUBJECT:	Karo Knig	ht Con St FENAME-MUSTINCL	ruction Inc		
Enclosed are an original and one (1) copy of the articles 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: Karo tn'ight Name (Printed or typed)					
POBOXIII SES					
Midwey, F/a , 32343 G					
Daytime Telephone 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