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Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: Fezler Russell & Ferrie Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX	<u> </u>	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status \$78.75 \$87.50 Filing Fee & Certified Copy Certified & Certified Copy Status ADDITIONAL COPY REQUI	l Copy icate of	
FROM: Kathy Smith Name (Printed or typed)		
2573 BARRINGTON Circle		
Tallahassee, FLA: 32308 City, State & Zip	10 0CT 20 128 WE 1478 141 AHASS	CAZESSO CAZESSO CAZESSO CAZESSO CAZESSO CAZESSO CAZESSO CAZESSO CAZESSO CAZESSO CAZESSO CAZESSO CAZESSO CAZESSO CAZES CA
Daytime Telephone number		Ğ
E-mail address: (to be used for future annual report notification)	5: 24 CLORIDA	

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 FREEF	. Kussell and to	errie Inc.
The name of the	corporation shall be:	Thusself and I	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	, Mailing add	dress, if different is:
	2573 Barrington Cir	cle <u>same</u>	
	Tallahassee, FH. 323	508 <u> </u>	
			2 70
ARTICLE III	<u>PURPOSE</u>		2 2 1
The purpose for	which the corporation is organized is:		No. 10
	Doal Feto	te Brokerhaf	
	ACEL LINE		
			9: 24 F1.07
			육원 2
ARTICLE IV	SHARES		A CONTRACTOR OF THE PARTY OF TH
The number of sh			, all de
4 D. W. C.			
Name and	INITIAL OFFICERS AND/OR DIRE	CTURS Name and Title: 580	1 5
Address:	2573-Barrington Trease	Address:	- <u>v</u>
	Circle Tallahassax		
	_ FIA 32308\		
Name and	Title:	Name and Title:	
Address:			
Name and '	Title:	Name and Title:	
Address:			
			
	REGISTERED AGENT	111 260	
Name:	lorida street address (P.O. Box NOT accept	lable) of the registered agent is:	
Address:	2573 Barrington	Circle	
	Tall FlA. 3230	8	
APTICE F VII	_INCORPORATOR		
·	ddress of the Incorporator is:		
Name:	KAthy Smith		
Address:	2573 Barrington	Circle	
	Tall, FIA. 3230	<u> </u>	
Having been nar	med as registered agent-to accept service of	process for the above stated corpor	ation at the place designated in
this certificate, I	am familiar with and accept the appointmen	t as registered agent and agree to ac	t in this capacity
	Chara il		11 / 1
	Tell mit		11/19/10
	Required Signature/Registered Age	ent	Date
I submit this doc	cument and affirm that the facts stated her	ein are true. I am aware that the fa	alse information submitted in a
document to the	Department of State constitutes a third degre	ee felony as provided for in s.817.155	F.S.
,	The se		1.1.1
	JUST MITC	-	11/19/10 Date
	Required Signature/Incorporato	r	Date