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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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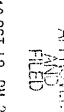
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA





COVER LETTER

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

SUBJECT:	farmere.	21246W2	4nc,						
	' (PROPOSED CORPO	RATE NAME – <u>MUST INCLU</u>	<u>DE SUFFIX</u>)						
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 ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED						

FROM: GURTNEY Parmele
Name (Printed or typed)
3629 Sedgewick Place
Address
oelando FC 32806
City, State & Zip
(407) 362-9747
Daytime Telephone number
das par mele @ yahou. com
E-ma)l address: (to be used for future annual report notification)

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 IV SHARES The number of shares of stock is: Name and Title: Address: ARTICLE VI REGISTERED AGENT The name and Borida street address (P.O. Boy NOT acceptable) of the registered agent is: Name: Address: ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. Name: Address: ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and address of the Incorporatoria. ARTICLE VI INCORPORATOR The name and Itale.	ARTICLE I The name of the co	NAME rporation shall be: Per me	he Syste	ems, I	inc.	
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I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a	1,00	Required Signature/Pagistered	Agent	_	10/1	40
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			-		Date	
DIVILLE CONSTITUTE OF STATE CONSTITUTES A INITIA degree Jesony as provided for in \$.817.133, P.S.	I submit this docu	ment and affirm that the facts stated h	erein are true. I am	aware that the fall	se information sub	mitted in a
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