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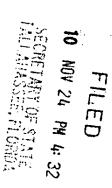
(Re	equestor's Name)		
(Ad	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Bt	usiness Entity Nam	e)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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COVER LETTER

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

	OPMENT COFFORATION
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
6183 2 BAY ST. La City, (228)	(Printed of typed) (Print

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	4136 Gulf of Mexico Drive		
J	Longboat Key, FL 34228		
RTICLE III	PURPOSE		
	which the corporation is organized is:		
All purposes	permitted by Florida law.		
RTICLE IV			
ne number of sna	ares of stock is:Ten Thousand (10,000)		
	INITIAL OFFICERS AND/OR DIRECTS		
	itle:Rodney J. Parsons, President	Name and Title	:Rosemary D. Parsons, V.P., Secretary, Treas
Address:		Address:	4 136 Guit of Mexica Drive
	Longboat Key, FL 34228		Longboat Key, Fl, 34228,
	`itle:	Name and Titl	e:
Address:		Address:	
•			
Name and T	`itle:		
Address:		Address:	
	<u> </u>		- San 2- I
		<u>_</u>	
RTICLE VI	REGISTERED AGENT		温泉マロ
	orida street address (P.O. Box NOT acceptable)	of the registered age	ent is:
Name:	Rodney J. Parsons		32
Address:	4136 Gulf of Mexico Drive		5-6° N
	Longboat Key, FL 34228		
PTICLE VII	INCORPORATOR	,	
	dress of the Incorporator is:		
Name:			
Address:	4136 Gulf of Mexico Drive	<u> </u>	
	Longboat Key, FL 34228		
laulua haan nan	ned as registered agent to accept service of proc	eass for the ahove s	ated cornoration at the place designated in
is certificate, I a	m familiar with and accept the appointment as i	registered agent and	agree to act in this capacity
Kind	hu. () Parsues		11/9/10
7 (025	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein a		e that the false information submitted in a
	ument und affirm that the facts stated herein t Department of State constitutes a third degree fel		
_		, p. o. taoa joi	
	Required Signature/Incorporator		11/9/10
000	D		——————————————————————————————————————