## P11000000620

(Re	questor's Name)	
/Ad	dress)	·
(Ad	aless)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
	ocument Number)	<del></del>
(20	outhour Humbory	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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01/05/11--01009--006 \*\*78.75

DEFARISATION STATE DIVISION OF CORPORATION TALLAMASSEF, FLORIO

RECEIVED

TILL TO

1-5-10

## **COVER LETTER**

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

SUBJECT: 4-AAA Critter R	idder 24/7
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the art	ticles 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
FROM: MAYNARD A. Driv	le (Printed or typed)
18 NAVAJO T	Address
<u>Crawfordv.</u>	State & Zip
(850)- 321 - 4178	Talanhana numbar
(350) 321 - 4178 RobertsbizQyahov.c.	retephone number
Kobertsbhz Cyahod E-mail address (to be us	ed 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 II F	PRINCIPAL OFFICE	•		10 1100	
/	Principal street address		Mailing address, if different is:		
<u> </u>	NAVAJO TERITORIO	<u></u>	Sam	<u> </u>	
				7	
ARTICLE III P	URPOSE		•		
	ch the corporation is organized is:			AAR A	
Any And	All Lawful business	•		N-5 NARY NASSE	
•				EFLO	
ARTICLE IV S	HARES			O A	
The number of shares	· · · · · · · · · · · · · · · · · · ·			<b>5 4</b>	
APTICIF V T	NITIAL OFFICERS AND/OR DIRECTO	IDC		<i>I</i> .	
Name and Title	MONANZO DIAKARIO - CEO	Name and Tit	le:		
Address:	MOYNAZO DENKARD - CEC 18 NAVAJE TERIT Crawfordville, FIR 32327	Address:			
	Crawfordv. 11c, FIR 32327				
		<del></del>		· · · · · · · · · · · · · · · · · · ·	
Name and Title Address:	::	Name and Tit			
Address:					
Name and Title	· <u> </u>	Name and Tit	le·		
Address:		Address:			
	EGISTERED AGENT				
The <u>name and Florid</u> Name:	In street address (P.O. Box NOT acceptable)  Mayward Drinkard		gent is:		
Address:	18 NAVEL TORIL	<del></del>			
	Crawfordville, FIM 32327	<del></del>			
ARTICLE VII II	VCORPORATOR				
	ss of the Incorporator is:				
Name:	MAYNAILD DrinkALD 18 MANAJO Trail Crawfordvill, Fla 32327				
Address:	18 MAVAJO Trail			•	
	Craw for dvill pla 32337	<del></del>			
	as registered agent to accept service of proce amiliar with and accept the appointment as re				
Manne	1-1-			1.5-2011	
	Required Signature/Registered Agent		-	<b>/- 5 - 26//</b> Date	
submit this docume	ent and affirm that the facts stated herein a artment of State constitutes a third degree felo	re true. I am awai	e that the false in s.817.155, F.	information submitted i S.	
				·	
Mary	a) a/an			/~5-20//	
•	Peguire Cignature Incorporator			Doto	