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## **COVER LETTER**

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

SUBJECT:	ARISKCO, II				
	(PROPOSED CORPORA				
Enclosed are an or	riginal and one (1) copy of the artic	cles of incorporation an	id a check for:	1	
\$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 C	OPY REQUIRED		
FROM: _	Brian Pincket, I Name	Esquire (Printed or typed)			
_	9016 Philips H	wy			
	Jacksonville, F		TALLAH	2011 FEB 17	
_	City,	State & Zip	353	EB 1	CH THE LAND
	(904) 739-2722	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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	bperez@arisko E-mail address: (to be used	o.com	and the second	37	
	E-mail address: (to be used	i ior iuture annuai repor	t 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)

The name of the corporation shall be: ARISKCO, INC.  ARTICLE II PRINCIPAL OFFICE Principal street address 9016 Philips Hwy. Jacksonvilla, FL 32256  ARTICLE III PURPOSE The purpose for which the corporation is organized is:  Any and all lawful business  ARTICLE IV SHARES The number of shares of stock is: 1,000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Address: Address: Address:  Name and Title: Address: Address:  Name and Title: Address:  Name and Title: Address:  Address:  Address:  Article VI REGISTERED AGENT The name and Torida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Brian Pincket Address: 9016 Philips Hwy. Jacksonville, FL 32256  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Brian Pincket Address: 9016 Philips Hwy. Jacksonville, FL 32256  Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  I submit this defument any different that the faces tended region as provided for in s.817.155, F.S.	ARTICLE I	NAME		
### Principal street address   Mailing address, if different is: 9016 Philips Hwy.		armountion shall be	) INC	
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