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SECRETARY OF STATE

SC 4-8-11

COVER LETTER

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

-/	SUBJECT: CONDA WOODWORK INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	-
	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 & Certificate of Status ADDITIONAL COPY REQUIRED	
	FROM: Marco Penze Name (Printed or typed) 17100 N Bay Rd Apt 1310	
	Sunny Isles Beach FL 33160 City, State & Zip 305 - 409 - 4647 Daytime Telephone number MARCO PENZE @ HOT MAIL.com / E-mail address: (to be used for future annual report notification) 305 - 409 - 4647 E-mail address: (to be used for future annual report notification)	and with

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 The name of the corporation shall be: Conda Woods	work Inc.
Principal office Principal street address 17100 N Bay Ed Apt 1310 Sunny 1516 Beach FL 33160	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Cappentry, Wood work	
ARTICLE IV SHARES The number of shares of stock is:	
Name and Title: MaxCo Penze Address: 17100 N Bay Rd Apt 1 Surny Ses Beach FL	Name and Title:
Name and Title:Address:	
Name and Title:Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) on Name: Address: Address: Address: Mar Co Penze Address: Address:	
Sunny Isles Blach ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	II APR -
Name: Marco Denze Address: 17100 N Bay Rd Apt Sunny Isles Beach FL 33360	E 1310 E F S X & F S X & F S X & C X & C X & C X & C X & C X & C X & C X & C X & C X & C X & C X & C X & C X &
Having been named as registered agent to accept service of proces this certificate, I am familiar with and accept the appointment as reg	
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	Date true. I am aware that the false information submitted in a aware the sub
Required Signature/Incorporator	<u>CL</u> [04] (]