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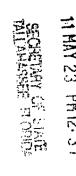
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COVER LETTER

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

SUBJECT: Jerry Hendrix Co.		_
(PROPOSED CORPORA	TE NAME - MUST INC	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation ar	nd a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL C	OPY REQUIRED
Strate Conference		
	•	
FROM: Jerry Hendrix		
Name	(Printed or typed)	
245 N Mill Ave	Address	
Bartow, FL 33830	State & Zip	
863-557-6077 Daytime Te	elephone number	
alane1st@aol.com E-mail 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)

	RTICLE	Jerry Hendrix Co.		
Ī	hemame of the	corporation shall be:		
1	RTICLE II	PRINCIPAL OFFICE		
		Principal street address	Mailing add	dress, if different is:
		245 N Mill Ave		
	Ade	Bartow, FL 33830		
				
7 A	RTICLE III	PURPOSE		
		which the corporation is organized is:		
•	ฏิลิทิdyman s	services, repairs and remodeling		
	* 3.5 12.			
		.,		
	RTICLE IV	SHARES ares of stock is:1000		
	ilê haniber or sir	ares of stock is.1000		
A A		INITIAL OFFICERS AND/OR DIRE		
ż		Title: Jerry Hendrix, owner	Name and Title:	
	Address:	245 N Mill Ave Bartow, FL 33830	Address:	
n.		.Barrow, FL 33830		
				· · · · · · · · · · · · · · · · · · ·
To see		Fitle:		
•	Address:			· · · · · ·
	် မ			
		Title:		
	Address:		Address:	<u> </u>
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1				5E N 75.
_		REGISTERED AGENT		a property
111	he <u>name and Fl</u> Name:	orida street address (P.O. Box NOT accept		
	Address:	Jerry Hendrix 245 N Mill Ave		35 75 175
. 5		Bartow FL 33830		
		,		#113 I
	RTICLE VII	INCORPORATOR Idress of the Incorporator is:		
100	Name:	Alane Hendrix		
	Address:	245 N Mill Ave		
		Bartow, FL 33830		
1 11	ovina haan nas	ned as registered agent to accept service of	neages for the above stated compre	ation at the place designated in
		am familiar with and accept the appointmen		
4	(//			1 1
	X,	um Henry		Orladin
		Required Signature/Registered Age	ent	Date
		ument and affirm that the facts stated her Department of State constitutes a third degre		
u	~*************************************	reparament of same constitutes a mira degre	e jewny as proviaca jor in 5.01/.133,	1 1
	()	On molthandoid	*	05/20/1.
_		Required Signature/Incorporato	<u> </u>	Date