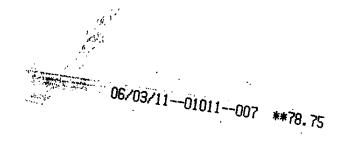
D11000052738

(Requestor's Name)
(Address)
(4.11
(Address)
(City/State/Zip/Phone #)
(Only/State/21p/) Hone #/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

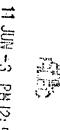
Office Use Only



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MARCH SING



JF 6/2

COVER LETTER .

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

SUBJECT: 610 Bal De Fenge	EGGLENG INC.
(**************************************	
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 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
	ADDITIONAL COFF REQUIRED
FROM: Global Defe	NSE GYGLENS INC. (Printed onlyped)
	Address
Cakewort City,	L FL 33466_
561-493-9 Daytime To	
JBarksdale 19 hot	mail-com

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 No.	AME ration shall be: Global DefenSt	2 GUSTO	ens TVC,		
	RINCIPAL OFFICE	/	,,		
<u>↓</u> 1′	Principal street applicases mas Borkschale 1000 N OST Calewarth FL 33460		dailing address, if diffi	ment is:	· regurantephora
The purpose for which	RPOSE h the corporation is organized is: FENSE and any and all	Counful	Businees		
ARTICLE IV SP					
Name and Title:	ITIAL OFFICERS AND/OR DIRECTORS DAMOS BANGGOLD INDO NOST CALLELIST OF FL 37460	Name and Title: Address:	ŒO/fres)	
Name and Title:	Michael LARDIERE 1702 N. O STREET LAKENSOTHE 33460.	Name and Title: Address:	tres/sec.		
Name and Title: Address:		Name and Title:			
	CHSTERED AGENT 1 street address (P.O. Box NOT acceptable) of the Michael Lassiere 1702 NO St Lakewinth FL 32460	he registered agen	t is:	200	PH 12: 57
ARTICLE VII IN	CORPORATOR				
	s of the incorporator is: tomas bristale. 1782 10 SF Lakeworth FL 33460	,			
	is registered agent to accept service of process j imiliar with and accept the appointment as regis				nated in
1 mubal	Sardare Required Signature/Registered Agent		· ·- ,	Date	
document to the Depar	nt and affirm that the facts stated herein are to	rue. I am aware as provided for in	that the false inform s.817.155, F.S.		ted in a ·
James 1	Required Signature/Incorporator			Date	
114		_		17015	