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(Requestor's Name)					
(Ac	(Address)				
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/Cii	:y/State/Zip/Phone				
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06/29/11--01020--009 **78.75

OF CORPORATIONS OF TALL MINSSEE, FLORIDA

RECEIVED

11 JUN 29 AMII:

SECRETARY OF STATE

Ps 6/30/1/

COVER LETTER

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

SUBJECT: BUNG Trocking (PROPOSED CORPORA	inc
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	icles 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: Handya Bunic	e (Printed or typed)
7060 Berry A	
•	
_ Jacksonulle Fl	3 2 2 11 State & Zin
904 - 982 -	4819
	elephone number
Sud 618 Q Yahoo.	d 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)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE I	NAME TOUGH	King Inc		ONI ONAI
The name of the	corporation shall be: Bunic Truc	- KING IC	11 JUN 29	AM 11: 5
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	Mailing ad	dress, if different is:	
	7060 Berry Ave	+060 Berr	ALC 30011	
	Jacksonkille fl 30011	heksonelle	F1 30011	
ARTICLE III	PURPOSE			· - · · ·
	which the corporation is organized is:			
ARTICLE IV	SHARES			
	ares of stock is:			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT			
Name and		Name and Title:		
Address:	Jacksonulle Fl 30011			
	Jan Sarivine 11 3664			
Name and	Title: Suad Bunic Scretary	Name and Title:		
Address:	7060 Berry	A 1.1		
	Jacksonville F1 2 2011			
				_
Name and Address:	Title:	Name and Title:		
Address:		Address:		
	REGISTERED AGENT			
Name:	lorida street address (P.O. Box NOT acceptable	_ _		
Address:	7060 Berry Ave			
riddiess.	Sacksonville F1 3224	· 		
RTICLE VII	INCORPORATOR			
	ddress of the Incorporator is:			
Name:	Hamding Bunic 7000 Bern Ae	_ 		
Address:	food Berg Are			
	29/2011/16			
	ned as registered agent to accept service of pro am familiar with and accept the appointment as			gnated in
_	• • • •		• •	
<u> na</u>	d Buruic Required Signature/Registered Agent		6/29/11 Date	
	Required Signature/Registered Agent		Date	
	cument and affirm that the facts stated herein			itted in a
-	Department of State constitutes a third degree fe	nony as provided for in s.817.15	5, F.S.	
y commels	En Benil		~ /29/	//

Required Signature/Incorporator