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SECRETARY OF STATE OF VISION OF CORPORATION

\$ 10/3/11

COVER LETTER •

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

SUBJECT: NASSAU - NOUSTRIAL (PROPOSED CORPORA)	Supply INC. TENAME-MUST INCLUDE SUFFIX)	
(PROPOSED CORPORA	TE NAME = <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of	
	Status	
	ADDITIONAL COPY REQUIRED	
<u>.</u>		
FROM: GERALD A. Mc FALL Name	(Printed or typed)	
34322 Daybre	Address DRIVE	
CALLAHAN, HOR	id 4 320 11 State & Zip	2011 SF
904-545-3033 Daytime Te	elephone number	DIVISION OF CORPOR
Bonc Fall @ Como E-mail address: (to be used	AST Net I for future annual report notification)	1 <u>11</u> 2

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I N	IAME		,		
The name of the corp	Oration shall be: NASSAU INCUST	Rial Sup	ply L	-NC.	
ARTICLE II P	RINCIPAL OFFICE				
	Principal street address 1322 DAY DREAK DRIVE	Ð	Mailing addre	ss, if different is	:
چ	322 DAY PREAK DRIVE		0.00	Flow da	27011
CAH	HIAN HORIDA 32011	<u>CM-1</u> (11/1-K)	TION OF	5 2011
ARTICLE III P					
	ch the corporation is organized is:			20	V
70 buy q	Sell FOR PROfit			=	350
,	·			Ť	오 쯨
				SEP 30	PAR:
				_	808 0 ¥0 13 €
ARTICLE IV S				P	P0.
The number of shares	of stock is: /OO			∵	25
ARTICLE V I	NITIAL OFFICERS AND/OR DIRECTOR	S		25	.5] F
Name and Title	GeRAID A. MCFAIL JR.	Name and Title:			
Address:	34322 DAY BREAK DRIVE	? Address:			
	CALLAHAN Florida 320	247			
		•			· ·
	×				
Address:		_ Address:			
		- -			
Name and Title	· · · · · · · · · · · · · · · · · · ·	Name and Title			
Address:		A J J			
		-			
		-			
ARTICLE VI R	EGISTERED AGENT				
The name and Florid	la street address (P.O. Box NOT acceptable) of	the registered ager	nt is:		
Name:	GERALD A. MCJAU JR 34322 DAY DREAK DA	<i>ک</i> ،'بہ			
Address:	CALLANA FLORIDA 32				
		-0 17			
	NCORPORATOR				
Name:	ss of the Incorporator is: GERUID A. MCTAU J.	۷.			
Address:	34322 DAYDREAK D	Rive			
	CALLALLY HORICH 32	oy			
Having heen named	as registered agent to accept service of process	for the above sta	ted cornorati	on at the place	designated in
	familiar with and accept the appointment as regi				
N				-/	././
Merch	1/4/1///			9/20	<u> </u>
	Required Signature/Registered Agent			'/ Date	*
I submit this docume	ent and affirm that the facts stated herein are	true. I am aware	that the false	e information s	ubmitted in a
document to the Depo	urtment of State constitutes a phird degree felony	as provided for in	ı s.817.155, F	7.S. ,	1
M				0/2	p / 1/
MILLE				7/10	4/11
<i>yi</i>	Required Signature/Incorporator			/ Da	KC