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	•			
	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions	to Filing Officer			
Opecial instructions to I filing Officer.				

Office Use Only



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COVER LETTER

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

SUBJECT: DIMENS/OWN B. TANG	E INCUSTRY INC		
(PROPOSED CORPORA	TE NAME – <u>MUSTINCLUDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRED		
FROM: Jeffrey k Ba	(Printed or typed)		
6321 HARWICH CA	enter Road		
WEST PAlm Rench	Florida 33417 State & Zip		
970 - 620 - 0 Daytime Te	72)		
NGA Rook Kraping Obells E-mail address: Ito 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)

The name of the corporation shall be: DIMENSIONA B	, TRADE INDUSTRI	y INC
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:	
6321 HARWICH CENTER Rd	C/O NGR B	nk Kasping
WEST Polm Bch FL 33417	- Royation	Rac Cin J But FL 33436
ARTICLE III PURPOSE	/	
The purpose for which the corporation is organized is:		
Sub-Contanctor		FIL 12 MAR -9 SECRETATI TALLAHAS
ARTICLE IV SHARES The number of shares of stock is: 100		PH THE
	.	FLE SI
Name and Title: TEFFARM K BEIT-PRESICAT	SS Name and Title:	₩.×.
Address: 6321 Hrewith Crate Rd West Polm 13th FL 33417	Address:	>
Name and Title:	Name and Title:	•
Address:	A 11	
	<u> </u>	
Name and Title:Address:	4 4 4	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Address: Addre	the registered agent is:	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: JRFFRAN K. BRIT Address: 6321 Harwish Canton Rd Wast Pola 18th FL 33417	- - -	
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg		
Old K. R. H		2-14-12
Required Signature/Registered Agent		2-14-12 Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon;		
M. Klark. Bild		
Required Signature/Incorporator	· · · · · · · · · · · · · · · · · · ·	Date