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TO ACKNOWLEDGE SELECTION OF FILING ALLAHASSES IN MEDICAL SELECTION OF THE SELECTION OF THE

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COVER LETTER

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

SUBJECT: Dry Valley Ent PROPOSED CORPORA	erprises Inc.				
/ (PROPOSED CORPORA	TENAME - MUST INCLUDE SUFFIX)				
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 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED				
FROM: <u>Clark Fletche</u> Name	(Printed or typed)				
FROM: Clark Fletcher Name (Printed or typed) 800 Ocala Rd Suite 300-190 Address					
Tallahayer FL 32304 Cityl State & Zip					
<u>450 980</u> Daytime T	2323 Telephone number				
E-mail address: (to be used	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)

Principal street address Address: Mailing address, if different is: Sec. Calla Sec. - 32.709 ARTICLE III PURPOSE The purpose for which the corporation is organized is: 20, 20, 1 1 1 1 1 1 1 1 1	ARTICLE I	NAME	1	
Principal street address ### Cocale Add Swife 300-190 ### ARTICLE III PURPOSE The purpose for which the corporation is organized is: 2ng 4nd 1 4w Tol purpose of lowed ### By 14w. ### ARTICLE IV SHARES The number of shares of stock is: 800 ### ARTICLE IV INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Adviso Let by Privers Address: ### Addr	The name of the c	orporation shall be: Dry Valley Ente	erprises, l	ne (
ARTICLE II PURPOSE The purpose for which the corporation is organized is: 2n, q, d, d	ARTICLE II	PRINCIPAL OFFICE	,	
ARTICLE II PURPOSE The purpose for which the corporation is organized is: 2n, q, d, d		Principal street address	Ma	iling address, if different is:
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Address: Registered agent to accept service of process for the above stated corporation at the place designated his certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 4-2 Required Signature/Registered Agent Required Signature/Registered Agent Registered agent and agree to act in this capacity 4-2 Submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in ocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u>RS</u>	
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Name and Title: Address: Blo Ocal Rd Suite 300-190 Tallaharia Fe 32 304 Address: Advisa Fe 4 32 304 Address: Advisa Fe 4 32 304 Address: Advisa Fe 5 44 Address: Advisa Fe 5 44 Address: Advisa Fe 32 304 Address: Advisa Fe 32 304 Address: Advisa Fe 5 44 Address: Advisa Fe 32 304 Address: Advisa Fe 5 44 Address: Advisa Fe 5 24 Address: Advisa Fe 6 24 Adving been named as registered agent to accept service of process for the above stated corporation at the place designated his certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 4 62 Advisa Fe 6 44 Required Signature/Registered Agent Submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in ocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Advisa Fe 5 24 Address: Addre		800-01-1- Rd Suite 300-190	Address:	
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