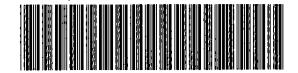
000014759

(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	,			
	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,		

Office Use Only



900242991919

02/13/13--01007--006 **128.75



COVER LETTER

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

SUBJECT:	PROPOSED CORPORA	FOUNDAY TENAME-MUST INCL	JON INCO UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM: Sherry Johnson Name (Printed or typed)				
400 Capital Circle SE Ste 18323				
Tallahassel, FC 3230/				
850. 320 - 7867 Daytime Telephone number				
E-mail address: (to 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) ARTICLE I NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: ARTICLE IV The number of shares of stock is: ARTICLE V Name and Title Name and Title: Address: Address: Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: INCORPORATOR The name and address of the Incorporator i Name: Address: Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 2-/3-/3 Date Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 2 -/3 -/3 Date

Required Signature/Incorporator