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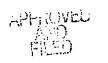
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subject: <u>ka</u>	no	TE NAME – <u>MUST INCL</u> I			
·	(PROPOSED CORPORA	ATE NAME – <u>MUST INCLI</u>	<u>JDE SUFFIX</u>)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM: Karo Knight Name (Printed or typed)					
	P. O. BOX	// / Address			
Midway Flan 32343 Cityl State & Zip					
(850) 210 - 8284 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)

The name of the corporation shall be: \[\lambda \tau \cdot \]	Inight Construct!	on Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address 3 10 Martin M= Cra Midway, Ila, 32343	Mailing address,	if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	Carpentry	
		13 AUS 19
ARTICLE IV SHARES The number of shares of stock is: / O O ARTICLE V INITIAL OFFICERS AND/OR D	IRECTORS	9 PN 12: 4-8
Name and Title: P. Kano Knig Address P.O. Box 111	Name and Title:Address:	
Midway 7	<u>[41323</u> 43	
Name and Title:		
Addition	Addition.	
Name and Title:	Name and Title:	
Address	Address:	



(conti.)

Name and Title:	Name and Table	13 AUG 19 PM 12: 48	
Address	Name and Title Address:	STONE STARE THE ACTION OF STARE	
ARTICLE VI REGISTERED AGENT	and the second of		
The <u>name and Florida street address</u> (P.O. Box NOT Name: Xg ~ v Kn', g			
Name: <u>Kano</u> Kaig Address: <u>310 Martin</u> Midway, 7 6.		·	
ARTICLE VII INCORPORATOR			
The name and address of the Incorporator is: Name: <u>kano knigh</u> Address: <u>310 Martin</u> Midway 7/a	M=Cray Rd 5. 32343		
Having been named as registered agent to accept serventhis certificate, I am familiar with and accept the apportunity of the control of the c	intment as registered agent an	ad agree to act in this capacity	
Required Signature Register		Date Date	
I submit this document and affirm that the facts state document to the Department of State constitutes a thir		r in s.817.155, F.S.	
Hay Knight Required Signature con	porator	8-19-13 Date	