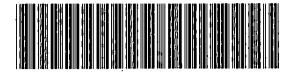
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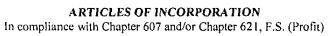


COVER LETTER

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

SUBJECT:	11) FEHN 4 MIC	LEAN INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation an	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 o Status DPY REQUIRED
FROM:		Printed or typed)	
	CRAW For	Address Juille Fl. State & Zip	32327
	850 - 50 Daytime T	9-0676 elephone number	· · · · · · · · · · · · · · · · ·
·	John @ McL E-mail address: (to be use	EANTENNISI d for future annual report	notification)

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





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	VCIPAL OFFIC Principal <u>street</u> a			Mailing add	SEORE (ress, if CALLEQUE)	17 PM 3
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	-	2327				
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number of shares of	stock i s/ ///	RS AND/OR DIR	RECTORS 1			
number of shares of	stock i s:/01 FIAL OFFICER :: John R	RS AND/OR DIR				
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number of shares of FICLE V INT Name and Title	stock i s:/01 FIAL OFFICER :: John R	MC LEAN	RECTORS 1. PROTIDENT Name and			
number of shares of FICLE V INT Name and Title	Stock is: 100 FIAL OFFICER : John R	MC LEAN	RECTORS 1. PROTIDENT Name and			
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Name and Title:		Name and Title:	
Address		Address:	SELSE HAST OF STATE TALLAHASSEE, FLORIDA
	<u> </u>		
		-	
ARTICLE VI REGISTERED A		the registered agent is:	
Name: John R.	MCLEAN		
Address: 1747 wc	dville Hay InJuille F1. 3232	.7	
ARTICLE VII INCORPORATO	<u>DR</u>		
The <u>name and address</u> of the Incorpo	rator is:		
Name: John	R. MCLCAN		
	woodville Hwg		
Having been named as registered agon this certificate, I am familiar with and	ent to accept service of process	for the above stated co	
Required S	Signature/Registered Agent		Date
I submit this document and affirm to document to the Department of State			
, ,	N C Signature/Incorporator		10/17/13
V			