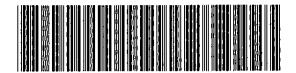
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



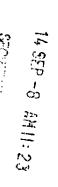
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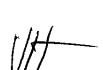
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COVER LETTER

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

SUBJECT: Major Cove Constructions Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)							
(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)					
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	d a check for:					
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status					
	ADDITIONAL CO	PY REQUIRED					
FROM: James H. Harris In Name (Printed or typed)							
5684 Doonesbury Way Address							
Tallahossee, Fi	- (32303 State & Zip						
SSO - 322-5458 Daytime Telephone number							
Samesharis 791 (Saudi). Com 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)

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TICLE II PR	INCIPAL OFFICE Principal street address		?	Mailing address, if dif	ferent is:	
684 Doo	nestring War	<u> </u>		Came	TALLAPICATION	: - -
jallahoisse	e FC 3230) 3	 		 	-
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Andrew Year

Name and Title:	Name and Title	14 SEP -8 ATH: 23
Address	Address:	14 021 0 8:111-23
		SECRETARIA DE MARE TALLARAS ARE DE ORINA
***		TRI PROSERVE POLICE TO
 		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NO	T acceptable) of the registered age	ent is:
Name: James A. Har	cis dr	
Address: 5484 Doonesbu	ry Way	
Address: 5684 Doonesbur Tollahasser, Fl	32303	
•		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: Janus # Har		
Address: 5684 Doones by	ing Went	
Tallohossee F	_	
Having been named as registered agent to accept se	rvice of process for the above sta	ited corporation at the place designated in
this certificate, I amfamiliar with and accept the app		
Warner & March	4/X	9-8-14
Required Signature/Regis	ered Agent	9-8-14 Date
I submit this document and affirm that the facts sto document to the Department of State constitutes a th		
accument to the Department of Signe Constitutes a m	degree jelony as provided jor	0.0
Required Signature/Inco	rporator	9-8-14 Date
V	7	