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COVER LETTER

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

suвјест: <u>Ма</u> у	PROPOSHO CORPORA	Home Plais ATENAME-MUST INCL	o-and Ramo ude suffix)	Oll Company
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:	•
\$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	'
	& Certificate of Status	& Certified Copy	Certified Copy	
		1	& Certificate of	
			Status	

ADDITIONAL COPY REQUIRED

FROM: Robert Duprey
Name (Printed or typed)
76080 Eastport Dr
Address
Fernandina Bch FL 37034 City, State & Aip
City, State & Zip
904 S56 3417
Daytime Telephone number
+ fdupray @ amail. 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)

The name of the corpo	ration shall be: What			t data the tribat	
	INCIPAL OFFICE Principal street address		•	Mailing address, if different is:	1
1080 Ea	stoort Di				
Fernand					_
`	32034				•
the purpose for which	RPOSE the corporation is organi		- Pro.	1:1 Nome Repair	- - -
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he number of shares		D/OR DIRECTOR:	<u>s</u>	*	י
ne number of shares	of stock is:	D/OR DIRECTOR:	S Name and Ti	ue: Daniel May- V.P	·
ne number of shares	ITIAL OFFICERS AND	D/OR DIRECTOR:	S Name and Ti	ue: Daniel May- V.P	JoR
ne number of shares RTICLE V IN Name and Ti	ITIAL OFFICERS AND THE TOO FAST	DIOR DIRECTORS Upray - Pa port S	Name and Ti	ne: Daniel May - V.P 940041 Old Nassauvil]o R
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he number of shares RTICLE V IN Name and Ti Address Name and Tit Address	of stock is: ITIAL OFFICERS AND THE TEDENS TO TO Easl FOR MANUAL 32034	DIOR DIRECTOR: Uptal -Po Bol FL	Name and Ti	tle: Daniel May- V.P 940041 Old Nassauvil Ermanding Rch FL 32034	<u> </u>

Name and	Title: Name and Title:
Address	Address:
ARTICLE VI	REGISTERED AGENT
The name and Flo	orida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	Robert Duprey
Address:	86080 East port De
	RUSEN Duprey 84080 East port In Franchina Bah FL 32034
ARTICLE VII	INCORPORATOR
The name and ad-	dress of the Incorporator is:
Name:	Robert Duprey
Address:	Ruoro Eastport Dr. Furnamenta Boh FL 37034
	Fromandina Boh FL 37034
	ed as registered agent to accept service of process for the above stated corporation at the place designated in Up familiar with and accept the appointment as registered agent and agree to act in this capacity
	Required Signature/Registered Agent 1 2 20 5 Date
	ment and affirm that the facts stated herein are true. I am aware that the false information submitted in a Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
(\mathcal{N})	1/21/2015
<u> </u>	Required Signature/Incorporator The content of t