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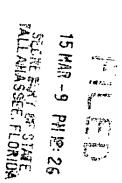
								
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COVER LETTER

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

SUBJECT:	Christ (PROPO	SED CORPORAT	lina Inc. ENAME-MUSTING	LUDE SUFF <u>IX</u>)
Enclosed are an ori	ginal and one (1) copy of the artic	les of incorporation ar	nd a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificat	e of Status		\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: _	Chris	tina M	edina (Printed or typed)	
_	8000	N NOD	Hill Rd ddress	Apt 103
_	Tamar	ac FL	33321 State & Zip	
_	9	54 - 275 Daytime Te	5-7721 lephone number	
	Chr E-mail a	istina M ddress: (10 be used	ed 10a 2015 (for future annual repor	agmail. Com

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 NAM		Christina	Madina	ا به د		
The name of the corporati	on shall be:	Christina	MICOLIN	inc.		
800 Ap+	103		. <u>-</u>	Mailing address, if different is:		
ARTICLE III PURI						
The purpose for which the	ie corporation	is organized is:		احتا	- Halatic	training
This corpora		provides	independ	rent	amene	······································
for child	dren.					
ARTICLE IV SHA The number of shares of s		090				
		ERS AND/OR DIR	Name			ACC HAR
Name and Title:Address:			Name Addre	and Title: ss:		SET PHEN
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ARTICLE VI REG	Christi 8000 N		#103	tered agen		
The name and address o	ORPORATO If the Incorpor Christ 8000 N Tamara		#103			
Having been named as this certificate, I am fami	registered age liar with and	nt to accept service of accept the appointment	f process for the			
	<u>Yedi</u>	Ma.				3-4-15
	Required Si	Masgnature/Registered Ag	gent			Date
I submit this document document document to the Departn	and affirm th	at the facts stated he	rein are true. I a	ım aware		ormation submitted in a
PM	باره و					3-4-15
<u> </u>	Required	C Signature/Incorporati	or			3-4-15 Date