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T. SCOTT



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COVER LETTER

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

SUBJECT: LVCRYTHING (PROPOSED CORPORA	ONLINE W ATE NAME - MUST INCL	CB COMP UDE SUFFIX
Enclosed are an original and one (1) copy of the art	ticles of incorporation and	d a check for:
□ \$70.00	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
16633 1	MOHAN e (Printed or typed) $AZELTO$ Address	1MED

3/3-537-6/69

Daytime Telephone number

SANNSOF ONETLERO, Com

E-mail address: (to be used for future annual report notification)

DETROIT MICH 48219
City, State & Zip

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: EVERUTHING O	NLING WEB COMPANY
ARTICLE II PRINCIPAL OFFICE	
Principal street address	Mailing address, if different is:
16633 HAZELTON	P.O. BOX 40755
DETROIT, MI, 482/9	REDFORD MI. 48240
convey one own	ACD VI TILLIA
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	(ESTING IA)
DOMAIN NAMES, WE WEB SITE LISTING, AL	THE WAST
AND MARKETING - EYE	RYTHING INTERNET.
	50
	70 n N
	
	T
ARTICLE IV SHARES The number of shares of stock is: 1,000,000	n -28 ∞
The Harmori of Shares of Stock is.	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	,
Name and Title: LORENZO MOHAMMES	Ime and Title: DKESIDENT
Address 16633 HATELTON A	ldress.
DETROIT MI. 48219	
Det (11, 700)	
Name and Title: LOKENZO MOHAMMA	The and Title: SECRETARY
11/77 1/14/1-10	into and Titue.
	ldress:
DETROIT, MI, 48219	
1 - a cuse of Anthonon Co	to Transcorp
Name and Title: LORENZO MOHAMM G	
Address 16633 HAZELJON AC	idress:
DETABIT Mir 48219	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
	f the registered agent is:
Name: LARK DIANA MIL Address: 16/6 2/57 South	LER-BURKELLE
Address: 16/6 2/57 South	+ UNIT#126
ST. PETERSHURGH, F	EL, 33712
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: LORENZO MOLTAN	MED
Name: LARENZO MOLTAN Address: 16633 HAZEL	TON
DETROIT, MI. 48	219
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
Required Signature/Registered Agent	roll 2-27-15 Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	
X San Ou M	7 MANUAT 2015
Required Signature Incorporator	Date