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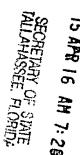
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

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

SUBJECT: Ma	ilm Ashley De PROPOSED CORPORA	esian Associ	ates Inc
	(PROPOSED CORPORA	TENAME - MUST INCL	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy
			& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Marily G.	Russ (1)	
	2709 Pythag	oras Circ	e
	Ower A	34761 State & Zip	
	401-462-1 Daytime T	6 Q5 elephone number	
		11 1	

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

ANTICLES OF INCOMIONATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAM The name of the corpora	tion shall be: Marilyn As	hley Des	ian Associates.	In
ARTICLE II PRI	NCIPAL OFFICE Principal street address appras Circle 347101	ノ	ling address, if different is:	
	POSE he corporation is organized is:	ssional (orporation	
The number of shares of ARTICLE V INIT	Marilyn G Russell P	S Signat Name and Title: Address:	FILED 15 APR 16 AM 7:20 SECHETARY OF STATE FALLAHASSEE FLORIDA	APPROVIL
Name and Title: Address		Address:		
Name and Title:		Address:		

	•		APPROVEL AND FILED
Name an	d Title:	Name and Title:	
Address		Address:	15 APR 16 AM 7: 20
		_ <u> </u>	SECRETARY OF STATE FALLAHASSEE, FLORIDA
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Marilyn G hussell	_	
Address:	2709 Rythagaras Circ	le	
	Ower th 34761		
ARTICLE VII	INCORPORATOR		
The name and ad	Idress of the Incorporator is:	1	
Name:	Mariun G hussel	<u>]</u>	
Address:	2709 Pythagoras Cir	cle	
	Ower # 34761		
Having been nan this certificate, I	ned as registered agent to accept service of proce. In familiar with and accept the appointment as re	ss for the above stated c egistered agent and agre	orporation at the place designated in e to act in this capacity
_M/le	Required Signature/Registered Agent		4-13-2015 Date
document to the	ument and affirm that the facts stated herein ar. Department of State constitutes a third degree felo	e true. I am aware that	the false information submitted in a 17.155, F.S.