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	•		
d are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
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Status

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FROM: Earnestine O'Brown
Name (Printed or typed)

1732 Elm Street

Address

Quincy Flor, da 3235/
City, State & Zip

(610) 800-5940

Daytime Telephone number

TXebrown @ aol, can

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)

name of the corporati	•					,
	<i>PAL OFFICE</i> Principal <u>street</u> addr	ress	Ŋ	Mailing address, i	f different is:	
132 Elm	2 Stree	<u>+</u>				
Miney,	Florida	32351				
FICLE III PURPOS purpose for which the	SE corporation is org	zanized is:	1 22 14 04	10 1 01	.11	
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number of shares of s	ock is: 10 OFFICERS AND	vor directors	Name and Title:	etary	SHORE	15 Jul.
number of shares of some and Title:	ock is: 10 OFFICERS AND ELYMESTIS P.O. BOY	VOR DIRFCTORS	Name and Title: Address:	etary	SECRE ARIVES	JUI. 16
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Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT access Name: Eurnes full Oil Address: 1732 Elm State	Brown
	7 3235/
ARTICLE VII INCORPORATOR	The of
The <u>name and address</u> of the Incorporator is:	
Name: Eurnestine	O'Brown 5 5 5
Name: Eurnes finds Address: 1132 Elm Sfr	-ut
Quincy Ft 323	*
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific as days after the filing.)	. (OPTIONAL) and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the a the document's effective date on the Department of State's	applicable statutory filing requirements, this date will not be listed as s records.
Having been named as registered agent to accept service of this cartificate, I am familiar with and accept the appointment of the cartificate of the appointment of the cartificate of the appointment of the cartificate of t	of process for the above stated corporation at the place designated in nent as registered agent and agree to act in this capacity
Required Signature/Registered A	Agent Date
I submit this document and affirm that the facts stated h	terein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a third dep	
Ellester DiBran	- 7/10/5/
Required Signature/Incorporator	Date