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COVER LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 \$87.50 Filing Fee Filing Fee & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: JOann Danforth
Name (Printed or typed)

4051 Barran CUS AVE. STE. 174
Address

Pensacola, 71. 3257
City, State & Zip

BSO-384-0700
Daytime Telephone number

Joann danforth agmail. Com
E-mail address: (to be used for future, abnual 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 corporation shall be: SECRETA OF MAILING AND MAILING ADDRESS OF THE PARTY OF TH Principal street address varrancus AVE. **PURPOSE** The purpose for which the corporation is organized is: 1) ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Name and Title:____ Address Address: Name and Title: _____ Name and Title:_ Address ____ Address: Name and Title: Name and Title: Address Address:

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name address (P.O. Box NOT acceptable) of the n	i i i i i i i i i i i i i i i i i i i
Name: JUMIN DUNIOLE H	AH AR
Address: 4051 Barrancus AVE. Ste	92
Pensalda 71. 32507	
ADMICI FARY ANGODDOD (MOD	STA C
ARTICLE VII INCORPORATOR	ATE ATE
The name and address of the Incorporator is:	
Name: Joann Dantoeth	
Address: 4051 Barrancus AVE Ste	7174
1905alda 71.32507	
ARTICLE VIII EFFECTIVE DATE:	(ODTIONAL)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot	(OPTIONAL) be more than five business days prior or 90 business
days after the filing.)	
<u>Note:</u> If the date inserted in this block does not meet the applicable st the document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as
·	
Having been named as registered agent to accept service of process for this certificate, I am familiar with and accept the appointment as regis	or the above stated corporation at the place designated in tered agent and agree to act in this capacity
Dan as (1) Complete	
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are tr	ue. I am aware that the false information submitted in a
document to the Department of State constitutes a third degree felony	as provided for in s.817.155, F.S.
HENMA LINKUPTO	a-m- och
Required Signature/Incorporator	Date
·	·