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COVER LETTER

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

SUBJECT: Happ	yworkinghomies Inc				
SCHOLET.	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)		
Enclosed are an o	riginal and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00 Filing Fee	•	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy		
			& Certificate of Status		
		ADDITIONAL COPY REQUIRED			
FROM: _	Flor de Maria Booke	e (Printed or typed)			
1	1280 NW 41st Court	t (Trinica of typea)			
-	Address				
C	Coral Springs Fl, 33065				
_	City,	State & Zip			
9	54-854-6954				
_	Daytime T	elephone number	-		
h	appyworkinghomies@gmail.com				
-	E-mail address: (to be use	d for future annual 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)

	tion shall be:		
ARTICLE II PRINC	Principal street address	Mailing addres	s, if different is:
ARTICLE III PURPO	he corporation is organized is:		
ARTICLE IV SHARE The number of shares of	ES 25 stock is:		SEEREJARY OF VISION OF COMP
ARTICLE V INITIA	L_OFFICERS AND/OR DIRECTORS		
Name and Title	Flor de Maria Booke	Name and Title:	5 2 5
Address	11280 nw 41st court		,
	coral springs Fl, 33065		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	
			

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The name and Fl	orida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	Flor de Maria Boke		
Address:	11280 nw 41 court		
	coral springs Fl 33065		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ad	Idress of the Incorporator is:		
Name:	Flor de Maria Booke		
Address:	11280 nw 41st court		
	coral springs fl 33065		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:	(OPTIONAL)	
days after the fil	ate is listed, the date must be specific and ing.)	cannot be more than five business	days prior or 90 business
	inserted in this block does not meet the appl		this date will not be listed as
the document's ef	ffective date on the Department of State's rec	eords.	
Having been nan	ned as registered agent to accept service of p	rocess for the above stated corporat	ion at the place designated in
this certificate, I d	am familiar with and accept the appointmen	as registered agent and agree to act	in this capacity
HIV.	A. Janes B. Ala		11 2/ 1/
	Required Signature/Registered Age	nt	4-16-16 Date
I submit this doc	ument and affirm that the facts stated here	in are true. I am aware that the fals	se information submitted in a
uocument to the 1	Department of State constitutes a third degre	e jetony as provided for in s.817.155,	F.S.
Mon	ele Maria Booke		4-26-16
Requi	red Signature/Incorporator		Date