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Certified Copies	Certificate	s of Status
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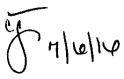


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COVER LETTER

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

SUBJECT: D	4	DI	urnhe	v Cor	15+0	ction	Inc
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⋅ 🗖 \$70.00	\$78.75	\$78.75	\$87.50 ·
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,	·	ADDITIONAL CO	

FROM: Derick Brumell
Name (Printed or typed)
2016 Kitty st
Jax, FL 32246 City, State & Zip
(904) 894-3315 Daytime Telephone number
Derich Brumell @ amail. Com E-mail address: (to be used for liture 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)

16 期 -6 納 9:09

2016 Kitt	Principal street address	Mailing address, if different is:	
onville, FL 3	224 k		
ARTICLE III PURP. The purpose for which	OSE the corporation is organized is:	, and all lawfull t) UK
ARTICLE 1) SHAR			
The number of shares o	f stock is:	· · · · · · · · · · · · · · · · · · ·	
The number of shares o			
The number of shares of ARTICLE : INITION Name and Tit Address	fstock is:		
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ARTICLE : INITION OF ARTICLE :	stock is: AL OFFICERS AND/OR DIRECTORS ER) Detick Brumell 2016 Kitty St ille, FL 32246	Name and Title:	
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Name and Title:	Name and Title:	16 LLL -6 AH 9: 09
Address	Address:	THE PART OF THE MIDE
		We face have not a second
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box	NOT acceptable) of the registered agent is	
Name: Derick Brum		is.
A		•
,		
Jacksonville , FL 32	246	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: Derich Bru	ım oll	
Address: 2016 Kit		
Jacksonville FL 3	77 3"	
Succession (E) FL 3	سما 7 م	
ARTICLE VIII EFFECTIVE DATE:	4 4	
Effective date, if other than the date of filing:	OPTIC	ONAL)
days after the filing.)	aprecia can canara a more man me a	rusiness days prior or 20 business
Note: If the date inserted in this block does not	ancet the applicable statutory filling requir	ements, this date will not be listed as
the document's effective date on the Departmen	t of State's records.	\
Having been named as registered agent to acco		
this certificate, I am familiar with and accept th	e appointment as registered agent and agr	ee to act in this capacity
Deuck Bund		7/6/16
Required Signature/R	.	/ Vate
I submit this document and affirm that the fac document to the Department of State constitutes	ets stated herein are true. I am aware tha s a third degree felony as provided for in s.	A the false information submitted in a .817,155, F.S.
D: 1 1 10	1	7/1/11
Required Signature/Incorporator	Take Process Transport Control of	Date