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Account Name

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Account Number : 1200000000019

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FLORIDA PROFIT/NON PROFIT CORPORATION DEVELOPMENT PROJECT'S CORP.

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November 27, 2018

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations 28655 SW 153 AVE #203 HOMESTEAD, FL 33033US

SUBJECT: DEVELOPMENT PROJECT S CORP.

REF: W18000102382

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Ingrid D Kelly Regulatory Specialist II New Filing Section

FAX Aud. #: H18000336265 Letter Number: 718A00024158

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of	
Truck and and	
DEVELOPMENT 1	ROJECTS COM
of Document # 1/20000 95	6 97

are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

FILE D 2018 NOV 27 AM 9: 58 SECRETARY OF STATE

ARTICLES OF INCORPORATION

In compliance with Chapter 607	and/or Chapter 621, F.S. (Profi
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Effective date, if other that (If an effective date is lis	in the date of filing: ited, the date must be specific and	. (OPTIONAL)	
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this certificate, I am famili	with and accept the appointment	as registered agent and agree to act	ion at the place designated in in this capacity
x			, ,
	Required Signature/Registered Agen	t	Date
I submit this document an	nd affirm that the facts stated hereis	n are true. I am aware that the fals	
avcument to the Departme.	nt of State constitutes a third degree	felony as provided for in s.817.155,	F.S.
<u> </u>	75"		
Kequired Signa	ture/Incorporator		Date

Name and Title:_____