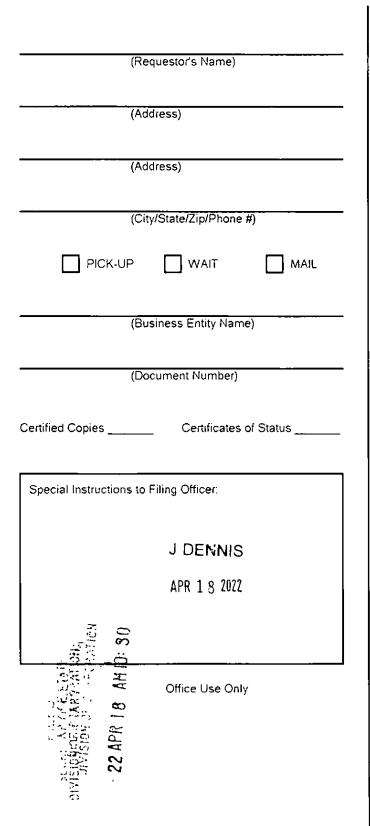
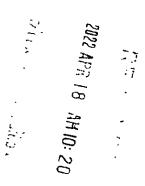
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## ÇOVER LETTER

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

SUBJECT: B	UNNITY & COMPANY (PROPOSED CORPOR	l Corp.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>JDE SUFFIX</u> )
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	Filing Fee,
		ADDITIONAL CO	
FROM:	BUNNYY & COMPONANT Nam		
_	OPA LockA FL 330 City	959 , State & Zip	
	954 699 71/2 Daytime	Telephone number	
<del></del>		Tion & GMail. coned 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)

e purpose for which the corporation is organized is:  102 Profit	Mailing address, if different is:
PICLE IV SHARES e number of shares of stock is: / OOO OOO  PICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:   DW.     133 - 1   57 rest   Address:  Whe Locker FL 33 054  Name and Title:   Name and Tit	
TICLE IV SHARES e number of shares of stock is: / 000 000  TICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:   DW.	
TICLE IV SHARES  In number of shares of stock is: / OOO OOO  TICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: PW. Ifred Walker (President) Name and Total Address:  What Lover Fr. 33054  Name and Title: Name and Total Name	
Name and Title: Name and Title	
Name and Title: Name and Title	
Name and Title: Name and Title	
Name and Title: ** Name and Titl	
Name and Title:	
Address         4694 NW /33 <sup>rd</sup> 57reer         Address:           OPA LOCKA FL 73054         Name and Title:         Name and T	Fitle:
Name and Title: Name and T	
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	30
Name and Title: Name and T	Title:
Address Address:	

N:	That is a second of the second	and Tister
Name and	Title: Name a	
Address	Addres	S:
	EGISTERED AGENT	
	rida street address (P.O. Box NOT acceptable) of the regis	fered agent is:
Name:	Wilfred Worker TR.	
Address:	Ubbi NW 133" STreet	
	OPA LOCKA FL 37054	
ARTICLE VII I	NCORPORATOR	
The name and ado	Iress of the Incorporator is:	
Name:	Wilfred Walker Jr.	
Address:	4684 NW 133 STreat	
	OPA LOCKA FL 33054	
	·	
ARTICLE VIII	ther than the date of filing:	.(OPTIONAL)
(If an effective da	te is listed, the date must be specific and cannot be mo	re than five days prior or 90 days after
filing.)		
Note: If the date if the document's ef	nserted in this block does not meet the applicable statutory fective date on the Department of State's records.	filling requirements, this date will not
Having been name certificate, I am fa	rd as registered agent to accept service of process for the ab miliar with and accept the appointment as registered agent	ove stated corporation at the place desig and agree to act in this capacity
	_	
WYH	Required Signature/Registered Agent	
I submit this doci	iment and affirm that the facts stated herein are true. I c	un aware that the false information su
	epartment of State constitutes a third degree felony as prov	aided for in \$ 817 155 E.S.