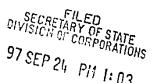
097000083129

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

Tananassee, rl. 32314				
SUBJECT:	Wallross Prosed co			
			30000230 -09/24/97 *****78.	1758 01012006 75 *****78.7
Enclosed is an original	and one(1) copy of the articles	of incorporation and a	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate	
FROM: _	Name (Pr Lybo N.W 9 A Partians City,	Address Fluriph 33	U76	SECRETARY OF STATE SECRETARY OF STATE CHARLES OF CORPORATIONS 97 SEP 24 PM 1: 03

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

Business Corporation Act, hereby adopts the following Articles of Incorporation.			
ARTICLE I NAME			
The name of the corporation shall be:			
Melliness Provessionar	Compare 1 Kind Tine.		
ARTICLE II PRINCIPAL OFFICE			
The principal place of business and mailing address of this corpo	ration shall be:		
6460 N.W 47He Lave (b)	LIGHT FLOWING 17500		
1 O 🙃	to have outstanding at any one time is: wes to ALISA KINSTRACTOR word to Free KINSTRACTOR		
The name and Florida street address of the initial registered agent are: \[\lambda \tau \tau \tau \tau \tau \tau \tau \ta			
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:			
True fir-thedown byou N w 4x lone DANELLAND, FI 530-	n I.		
Signature/Incorporator	<u>₹ - 29 - 9 7</u> Date		
Princes a surane from mane	Date		

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of p	process for the above stated corporation at the place designated in this
certificate, I hereby accept the appointment as registered agent of	and agree to act in this capacity. I further agree to comply with the
provisions of all statutes relating to the proper and complete	performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	•
Alica Princell	4-26-17

Signature/Registered Agent

Date