TRANSMITTAL LETTER

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

		-U4/15/33L *****78.75	#####78.75
SUBJECT:	COCHRAN, INC.	- 	cus.
	(Proposed corporate name - must include suffix)		 ·

Enclosed is an origin	nal and one(1) copy of the artic	cles of incorporation and a	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	

FROM:	STEPHEN COCHRAN	
	Name (Printed or typed)	-
	10704 064	9.9 SE(TAL 7.00
-	10701 BELO HORIZONTE	AUED 語 B 立
	Address	A P
	CIERMANT	SEE.
	CLERMONT; FL 34711 City, State & Zip	
		ATE RIDA
	407-515-5061	
	Daytime Telephone number	

F. CHESSER APR 1 6 1999

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 Flor Business Corporation Act, hereby adopts the following Articles of Incorporation.	rida —
ARTICLE I NAME The name of the corporation shall be:	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: O70 BELO HORIZONTE AVENUE CLERMONT, FL 3471 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstand	ETATE FLORID
1,000	mig at any one time is:
The name and Florida street address of the initial registered agent are: STEPHEN COCHRAN 10701 BELO HORIZONTE AVENUE CLERMONT, FL 34711 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: STEPHEN COCHRAN 10701 BELO HORIZONTE AVE CLERMONT, FL 34711 4/11 Signature/Incorporator	
(An additional article must be added if an effective date is re	quested.)
Having been named as registered agent and to accept service of process for the above stated cor this certificate, I hereby accept the appointment as registered agent and agree to act in this capa- the provisions of all statutes relating to the proper and complete performance of my duties, and obligations of the position as registered agent	city. I further agree to comply with I am familiar with and accept the
Signature/Registered Agent 4/11	Date