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TRANSMITTAL LETTER

FILED  
00 SEP -5 PM 4:27  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: Services Only For You, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200003382182--6  
-09/05/00--01130--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Jusan A. Scott  
Name (Printed or typed)

PO Box 226  
Address

Bonita Springs, FL 34133  
City, State & Zip

(941) 691-1566  
Daytime Telephone number

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)

**ARTICLE I NAME**

The name of the corporation shall be:

Services Only For You, Inc

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

3902 SE 2nd Place / Mailing Address  
Cape Coral, FL 33904

PO Box 226  
Bonita Springs, FL  
34133

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Consulting

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

Susan Scott President (please list by mailing address only)  
PO Box 226  
Bonita Springs, FL 34133

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:


Susan A. Scott  
3902 SE 2nd Place  
Cape Coral, FL 33904

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Susan A. Scott  
PO Box 226  
Bonita Springs, FL 34133

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

08/28/2000  
Date

  
\_\_\_\_\_  
Signature/Incorporator

08/28/2000  
Date