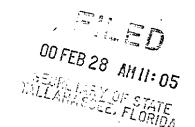
## TRANSMITTAL LETTER

LEE WOLFHAGEN, INC



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

	(Proposed o	corporate name - must includ	<b>19903149</b> -02/28/000 *****78.75	960 1130017 *****78.7
Enclosed is an original	and one(1) copy of the articl	es of incorporation and a	a check for :	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: _		FHAGEN inted or typed) 145 PLA	rce	
-	PACM BE	ddress  ACH CARD  State & Zip	ers, Fl	33418

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

Daytime Telephone number



## ARTICLES OF INCORPORATION

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

ARTICLE I NAME	-
The name of the corporation shall be:	:
LEE WOLFHAGEN, INC	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corpora	ation shall be:
6537 N. 145 PLACE, PALM	BENCH CAMBOOS, FO
ARTICLE III SHARES	33418
The number of shares of stock that this corporation is authorized to	have outstanding at a second
	have outstanding at any one time is:
- 100 -	
ARTICLE IV INITIAL REGISTERED AGENT AND	STREET ADDRESS
""" """ " " " " " " " " " " " " " " "	
WOCFHAGEN 6537 N. 145	KACE-
PALM BEACH GA	40ers, 7CA 33418
he name and address of the incorporator to these Articles of Incorporator	
WOLFHAGEN 6537 N. 145	PLACE
MO/2011 PAIN BONEH GAR	90ENS, FLA 33418
Il Wolf apen.	2-24-00
Signature/Incorporator	Det.

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

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent 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

Date