TRANSMITTAL LETTER SOOT

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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SUBJECT:	2	ANES	١.,	SMA	V.	INCORPOR	ALED		
SUBJECT: SMAY, INCORPORATED (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)									
				0.4		C:	la -la fon s		
Enclosed is an o	origin	al and one	(1) copy	of the ar	ticles	of incorporation and	a cneck for:		
\$70 .	00	⊠ \$78.7	5			□ \$78.75	□ \$87.50		
Filing F		Filing Fe			1	Filing Fee	Filing Fee,		
1 11115 1	00	& Certif		Status		& Certified Copy	Certified Copy		
							& Certificate of		
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ADDITIONAL COPY REQUIRE							OPY REQUIRED		
					-				
FROM: JAMES L. SHAY									
Name (Printed or typed)									
1400 VILLAGE BOLEVARD 1114									
Address									
(1) > 1 TI == 100									
West PAIN BEACH, Fl 33409									
				`	Jay, O	ato oc zap			
m(1 2(2.565)									
Daytime Telephone number									

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

12/3/00

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:	FILED
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1400 Village Boolevard, #1114 West to	OO JUL 31 AMII: 29 SECKETARY OF STATE TALLAHASSEE, FLORIDA LM BOACH, FL
ARTICLE III PURPOSE The purpose for which the corporation is organized is: HANNING! Zoning Professional Service.	
ARTICLE IV SHARES The number of shares of stock is:	-
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): SHAY, 1400 V, 11Age Batevall to the state of	¥ (1114
The name and Florida street address of the registered agent is: SAMES SHAW Bodevapp # 1114 WEST PAIN Beach F1 33409	.
The name and address of the Incorporator is: JAMES Soul 1400 Village Bolleraed # 1117 West Palm Beach 133409	
Having been named as registered agent to accept service of process for the above stated corporation certificate, ham familiar with and accept the appointment as registered agent and agree to act in this e	capacity
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