TRANSMITTAL LETTER

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

SUBJECT:	LAKE SIDE ACTES, INC
_	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO		
FROM: DON BALLEW Name (Printed or typed) P.O. Bot 321395 Address				
-	321-783 Daytime Te	3 - 26 20		

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

ARTICLES OF INCORPORATION OF THE STATE OF TH ARTICLE 1. Name. The name of this corporation shall be LAKESIDE ACRES, INC.

ARTICLE 2. The Principal Office And Mailing Address. The principal office and place of business shall be; Unit 2A, 320 North Atlantic Avenue, Cocoa Beach, Florida and the mailing address shall be: C/o, Don Ballew, Post Office Box 321395, Cocoa Beach, Florida 32932.

ARTICLE 3. Shares. This corporation is authorized to have ten thousand (10,000) shares of stock, having a par value of One Dollar (\$1.00) each, outstanding at any one time.

ARTICLE 4. Initial registered Agent & Street Address. The name and street address of the initial registered agent is: Don L. Ballew, Unit 2A, 320 North Atlantic Avenue, Cocoa Beach, Florida

ARTICLE 5. Incorporator The name and address of the incorporator is; William C. Irvin, 450 L. Hendricks Mtn. Rd, Jasper, Georgia.

William C. Irvin.

Incorporator

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

Don L. Ballew

Registered Agent