## PO/OOOOO67673

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

SUBJECT: MICHAEL H. DEKORTE INC.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
900035745693 -01/25/0101068003 ******87.50 ******87.50  Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
Enclosed is an origin  \$70.00 Filing Fee	al and one(1) copy of the article  \$78.75  Filing Fee  & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status		
FROM: MICHAEL H STEKORTE  Name (Printed or typed)  3917 S. CENTENNIAL AVE					
	Homos ASSA City,	FL. SYLY 8 State & Zip	SECRETAL TALL AHAS	01 JAN 25	
Daytime Telephone number					

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

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ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
The name of the corporation shall be:	and the second s
LUICHAEL H. DEKORTE	INC.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	CENTENNIAL AVE SA, FL 34448
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
ARTICLE IV SHARES The number of shares of stock is:	\$ 1.00 PAR VALUE
ARTICLE V INITIAL OFFICERS DIRECTORS (optional The name(s) and address(es):	<u> </u>
•	TA'S C
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:	I JAN 25 LECRETARY LLAHASSI
MICHAFL H. DEKORTE 3917 S. CENTENNIAL AV HOMOSASSA FC 34448	
ARTICLE VII INCORPORATOR	E 25
The name and address of the Incorporator is:	_
michael Dekorte 3917 S. centennial Ave.	<del></del>
39/ 1 S. CENTENNIAL BY	
Homosassa, fl. 34440	**********
Having been named as registered agent to accept service of process for the above st certificate, I am familiar with and accept the appointment as registered agent and ag	
Man D. D. IL dolla A.	1-16-01
Signature/Registered Agent	1-(6-01 Date

Date

Signature/Incorporator