TRANSMITTAL LETTER 1000010193 Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: (PROPOSED CORPORATE NAME MUST INCLUDE SUFFIX) JAN 26 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : bH H: **3** \$70.00 \$78.75 \$78.75 \$\$7.50-71 Filing Fee Filing Fee Filing Fee Filing Fee :-28 & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Lei Gnip FROM: e (Printed or typed) 40000 4495 Shelfer Rd \*\*\*\*78.75 \*\*\*?8,75 Tallahassee, 1 ime Telephone numbe 20 PIN 4: പ്പ

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

* A FICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: Lei Tavi Inc.	
<u>ARTICLE II PRINCIPAL OFFICE</u> The principal place of business/mailing address is: 4495 Shelfer Rd Talbassee, Fl	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To target your Urban & multicultural group with the new Look: <u>ARTICLE IV SHARES</u> The number of shares of stock is: <u>ARTICLE V INITIAL OFFICERS /DIRECTORS (optional)</u> The name(s) and address(es):	
ARTICLE VI REGISTERED AGENT The <u>name and Florida street address</u> of the registered agent is: Lei McDaniel 3044 N Fulmer Cir Tallahogsee, FI 30303 <u>ARTICLE VII</u> INCORPORATOR The <u>name and address</u> of the Incorporator is: Lei McDaniel 3044 N Fulmer Cir Tallahassee, FI 30303	APPAROVED OI JAN 26 PH 4: 38 RECRETARY OF STATE WALLAHASSEE, FLORIDA
Having been named as registered agent to accept service of process for the above stated corporation a certificate, I am familiar with and accept the appointment as registered agent and agree to act in this c	

Signature istered Agent with Signature/Incorporator

 $\frac{1/25/01}{Date}$