TRANSMITTAL LETTER

P9100030629

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

SUBJECT:	MyIn mate in (Proposed corpor	Nail - Com, I ate name - must include su				
500038302354 -03/21/0101049007 ******78.75 ******78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for:						
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	Anthony P. Name (Pri	Krown inted or typed)				
	P. O. Box	ddress	3402	, ²⁰⁰ 2		

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

City, State & Zip

ARTICLES OF INCORPORATION

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

The name of the corporation shall be: My In maternail. Com, In c						
·						
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:						
931 Village Blud Sinte 905-509 West Palm Beach, FL 33409						
Post Office Box 1868 West Palm Beach PL 33402						
ARTICLE III SHARES						
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:						
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS						
The name and Florida street address of the initial registered agent are:						
The name and Florida street address of the initial registered agent are: Anthony Brown 931 Village Blvd. Swite 905-50 West Palm Beach, PL 33409						
ARTICLE V INCORPORATOR West Palm Beach, PL 33409						
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:						
An thony P. Brown 931 Village Bird. Suite 905-509						
West Palm Beach, PL 33469						
Mest raim penen, is in						
_ /attle 12/2000. 03-05-01						
Signature/Incorporator Date						
\cdot						

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

Thaving been hamed as registered agent and to accept service of process for t	ne avove statea corpoi	ration at the place (iesignatea in thi
certificate, I hereby accept the appointment as registered agent and agree to	o act in this capacity.	I further agree to	comply with th
provisions of all statutes relating to the proper and complete performance	e of my duties, and .	I am familiar with	and accept th
obligations of my position as registered agent	1	1	7
CATTER STORMS	6 2	195/NI	
_ Owen All 19 Falling		00/01	
Signature/Registered Agent	١ -	Date ⁽	