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## **TRANSMITTAL LETTER**

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Department of State Division of Corporations PO Box 6327 Tallahassee, FI 32314

500004438185--8 -06/25/01--01006--014 \*\*\*\*\*70.00 \*\*\*\*\*70.00

Re: For Keeps, Inc.

Enclosed is an original (and one (1) copy\*) of the articles of incorporation of the above referenced entity and an check for:

\_\_\_\_\_ \$70.00 Filing Fee

\_\_\_\_\_ \$122.50 Filing Fee & Cert. Copy\*

- \$78.75 Filing Fee & Certificate

------ \$131.25 Filing Fee, Cert. Copy & Certificate\*

\*Additional Copy of Articles Required

Thank you in advance for your cooperation in this matter. Please address all correspondence and questions to:

Mary Leigh Anderson PO Box 7915 St Petersburg, Fl 33734-7915 Tele. 727-415-0834

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# **ARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under	r the Flor	ida business
Corporation Act, hereby adopts the following	T.	
Articles of Incorporation.	TAL	0
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ARTICLE I: NAME

The name of the corporation shall be:

For Keeps, Inc.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PO Box 7915 St Petersburg, Fl 33734-7915

### **ARTICLE III: SHARES**

The number of shares of stock authorized to be outstanding at one time is:

100,000

#### ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

Mary Leigh Anderson c/o Mr TAX 1311 Missouri Ave South Clearwater, Fl 33756

ARTICLE V: INCORPORATOR

Mary Leigh Anderson PO Box 7915 St Petersburg, FI 33734-7915

	•	
Mary Leich Ander		6/19/01
Signature/Incorporator		Date

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

Signature/Registered Agent