

TRANSMITTAL LETTER

Pol000082545

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

SUBJECT: Thot Ah work inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 AUG 21 PM 4: 23  
FOR INFORMATION  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Samuel K. Albert  
Name (Printed or typed)

35 Silver Hill Rd  
Address

Middlet FL 32343  
City, State & Zip

850 576-8331  
Daytime Telephone number

700004547947-7  
-08/22/01-01013-001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

APPROVED  
AND  
FILED  
01 AUG 21 PM 1: 31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

*That Ah Work INC.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

*35 Silver Hill Rd Midway Fl. 32343*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*To form a Small business*

ARTICLE IV SHARES

The number of shares of stock is:

*1*

ARTICLE V INITIAL OFFICERS /DIRECTORS (optional)

The name(s) and address(es):

*Samuel L. Albert  
35 Silver Hill Rd Midway Fl. 32343*

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

*Samuel L. Albert  
35 Silver Hill Rd Midway Fl. 32343*

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

*Samuel L. Albert  
35 Silver Hill Rd Midway Fl. 32343*

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

*Samuel L. Albert*  
\_\_\_\_\_  
Signature/Registered Agent

*8/21/2001*  
\_\_\_\_\_  
Date

*Samuel L. Albert*  
\_\_\_\_\_  
Signature/Incorporator

*8/21/2001*  
\_\_\_\_\_  
Date

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AND  
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