## PO/OOOS3092 TRANSMITTAL LETTER

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

700004542287—3 -08/20701-01088-018 \*\*\*\*\*\*87.50 \*\*\*\*\*\*

SUBJECT: É	EXISTING EQUITORAL (PROPOSED CORPORAL)	TY SERVICES TENAME-MUSTINCL	UDE SUFFIX)	
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	MICHAEL STE Name (Pr	EPHEN KNI6H inted or typed)	FT -	
	P.O. Sox 6007 Address Address  OZOVA TO SECRETARY			
	OZOHA TC.	34660 State & Zip	TARY OF ASSEE, F	

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)	
ARTICLE I NAME  The name of the corporation shall be: EXISTIM	6 EQUITY SERVICES, INC.	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	2707 4A,FL	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is	· · · · · · · · · · · · · · · · · · ·	
ARTICLE IV SHARES The number of shares of stock is: () PER CERT.	CORPOLATION. PROVIDING QUALITY SERVICE.	
ARTICLE V INITIAL OFFICERS/DIRECTO The name(s) and address(es):	,	
4.00000	OI AUG 20 PM SECRETARY OF ALLAHASSEE, F	
The name and Florida street address of the registered  MICHAEL S. KHIGHT  303 LAGGED DR.  PAIN HARBOR, FC.  34683	<del></del>	
The name and address of the Incorporator is:  Netael S. Flat 647  303 LASON DE		
PAIM there of TC.  37683  ***********************************	**************************************	is
Michael S. Signature/Registered Agent	ered agent and agree to act in this capacity $\frac{1 - 10 - 0}{\text{Date}}$	
Machael Signature/Incorporator	1-18-01 Date	