TRANSMITTAL LETTER

P0/000/1599/

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

SUBJECT:	THOSE TAXING MATTERS INC
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original	al and one(1) co	opy of the art	icles of incorporation and	a check for:		
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	of Status	Ek\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM:	PAMELA	TROYER		,		
Name (Printed or typed)						

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: THOSE TAXING MATTERS INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2514 ROBINSON AVE SARASOTA FL 34232 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: FOR THE PURPOSE OF TRANSACTING ANY OR ALL LAWFUL BUSINESS. ARTICLE IV SHARES The number of shares of stock is: 10,000 SHARES OF \$0.01 PAR VALUE COMMON STOCK. ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): KATHLEEN LEACH 2514 ROBINSON AVE SARASOTA FL 34232 REGISTERED AGENT The name and Florida street address of the registered agent is: PAMELA TROYER 7543 N LEEWYNN DR SARASOTA FL 34240 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: KATHLEEN LEACH 2514 ROBINSON AVE SARASOTA FL 34232

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

Signature/Registered Agent

Date 12-14/01

Date

Signature/Incorporator