

TRANSMITTAL LETTER

P02000067331

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUN 18 AM 10:59

FILED

SUBJECT: Out-Vestors, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Michael J. Guju  
Name (Printed or typed)

31564 U.S. Highway 19 North  
Address

600005810526--7  
06/18/02--01031--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Palm Harbor, Florida 34684  
City, State & Zip

(727) 526-3529  
Daytime Telephone number

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

*Guju 6/19*

**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:

Out-Vestors, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

31564 U.S. Highway 19 North  
Palm Harbor, Florida 34684

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For all legal purposes

**ARTICLE IV SHARES**

The number of shares of stock is:

5,000 common, (no par)

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**ARTICLE VI REGISTERED AGENT**

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

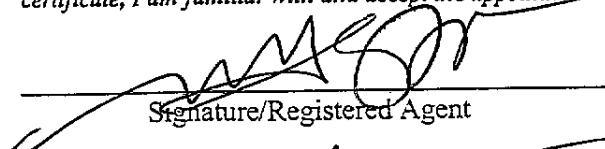
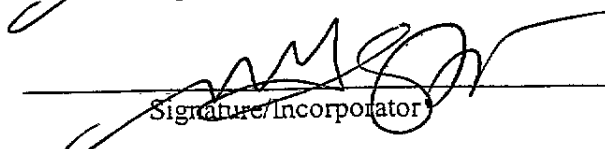
Michael J. Guju  
31564 U.S. Highway 19 North  
Palm Harbor, Florida 34684

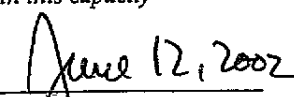
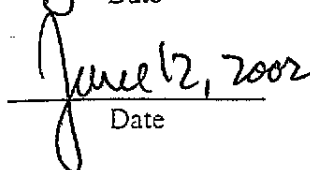
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Michael J. Guju  
31564 U.S. Highway 19 North  
Palm Harbor, Florida 34684

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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

  
\_\_\_\_\_  
Signature/Registered Agent  
  
  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date  
  
  
\_\_\_\_\_  
Date

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