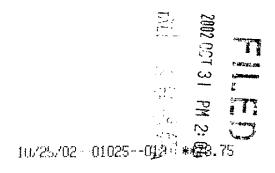
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02 OCT 25 M DO 10

DIVISION OF CURI CRATICA

2544 WO2-30865

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VALIDATION ONLY

2002 OCT 31 PM 2: 05

CORPORATION(S) NAME

				
) Profit) NonProfit	() Amendment	() Merger
) Foreign	() Dissalution	() Mark
) Limited Partnership	() Annual Report	() Other
) Reinstatement	() Reservation	() Change of Registered Agent
Acertified Copy	() Photo Copies	() Certificate Under Seal
) Call When Ready	() Call if Problem	() After 4:30
Walk In	() Will Wait	Pick U	р	() Mail Out

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(All Impire Toll Free: 1-800-432-3028

W.P. Verifier

Acknowladgment

Name Availability Document Examinar

Updater

Verifier

Address



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TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

October 25, 2002

EMPIRE

TALLAHASSEE, FL

SUBJECT: MICHAEL INC. Ref. Number: W02000030865

We have received your document for MICHAEL INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Document Specialist New Filings Section

Letter Number: 202A00059014

02 0CT 31 All OF COUNTY OF ST. FLORIAL

ARTICLES OF INCORPORATION

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		of		2002 OCT 31 PM 2: 05
	Integral	M	έII3	LNC 1 STATE
	(name	of corpo	ration)	
_	subscriber(s) to these Articles of Incorp the laws of the State of Florida.	ooration,	natural person(s) co	ompetent to contract, hereby form a
		CORPO	RATE NAME	
The name of the co	orporation is:	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Thi
		】 1	MEI	上100.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV- CAPITAL STOCK	
The corporation is authorized to issue <u>One hundrechares</u> (100) of	one
Dollar(s) (\$) par value Common Stock, which shall be designated "Commo	on Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME /	noise	Linez	55				
ADDRESS	5244	SW Low	ry apt	73 Coop	er-City	Fl	
city \mathcal{C}	coper	- City	0 7	FLORIDA	000		ZIP 33328

The principal office, if known, or the mailing address of the corporation is:

NAME INTERAL N	19I INC.	
ADDRESS 52 41 SW goway a	100 \$3	-
CITY Coopes-City	FLORIDA FL	zir <i>33328</i>
7		

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have	·	TICLE VI - INITIAL BOARD OF DIRECTORS	
of the initial director(s) of the corporation are as follows: NAME Moisey Linets ADDRESS 52 # 3 Sul Jouley ap 5 # 3 CITY Cooper - City State L ZIP 53 2 8 NAME ADDRESS CITY STATE ZIP NAME ADDRESS CITY STATE ZIP ARTICLE VII - INCORPORATORS The names and addresses of the incorporators signing these Articles of Incorporation are as follows: NAME ADDRESS CITY STATE ZIP IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 2 3 day of 100 Cooperation this 2 day of 100 Cooperation this 2 day of 100 Cooperation this 2 day of 100 Cooperation this	This corporation shall have <u>EME</u>	(1,00) directors initially. The number	of directors may be either
NAME Mores 52 49 30 Journey 27 5 5 CITY Cooper City STATE I ZIP 53336 NAME ADDRESS CITY STATE ZIP NAME ADDRESS CITY STATE ZIP ARTICLE VII - INCORPORATORS The names and addresses of the incorporators signing these Articles of Incorporation are as follows: NAME ADDRESS CITY STATE ZIP IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 23 day of 100000000000000000000000000000000000	increased or diminished from time to ti	me by the By-Laws, but shall never be less than one (1)	. The names and addresses
ADDRESS 52 49 SW Jowley ap 543 CITY Cooper-City State FC ZIP SAME ADDRESS CITY STATE ZIP NAME ADDRESS CITY STATE ZIP ARTICLE VII - INCORPORATORS The names and addresses of the incorporators signing these Articles of Incorporation are as follows: NAME ADDRESS CITY STATE ZIP IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 23 day of 100000000000000000000000000000000000	of the initial director(s) of the corporati	ion are as follows.	
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Opposeeer (Seal)			
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Opposeeer (Seal)	IN WITNESS WHEREOF, the undersi	igned subscriber(s) have executed these Articles of Inco	rporation this _<
	day or		
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(Seal)			
			(Seal)

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CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

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CERTIFICATE OF REGISTERED AGENT
OF

TALLAHASSEE FLORIDA

INTEGRAL	Mè	II	_NC.
(name of corp	oration)	•	

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 5271 SW Joway apt ± 3 Cooper-City
Fl-33328

has named Moisey Linets

Learned at the representation of process within

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)