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TRANSMITTAL LETTER

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

(TROTOBED CORTORATE NAME - MOST INCOOPE SOFTIA)				
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	l a check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status	
ADDITIONAL COPY REQUIRED				
FROM: LILIAN JONES Name (Printed or typed)				
4211 Will Scaplet DR.				
	Titusville City,	FL. 3	32796	
	321-37 Daytime T	35-070 (elephone number	/	

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

ARTICLE I NAME The name of the corporation shall be:	SECKL FULL UP ST
Price Rite 4 "U" INC.	TALLAHASSEE, FLO
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Lillian Jones 4211 Will SCARlet DR Titusville, FC. 32796 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Retail	
ARTICLE IV SHARES	
The number of shares of stock is:	
/ 00	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	_
The name(s), address(es) and title(s): Lillian Jones, 4211 Will Scarlet Dr.	Titusville, Fl. 327
Descident 10462, 4211 Will school +	,
President	
Secretary of Treasure	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
Lillian Jones 4211 Will Scarlet Diz.	
Titusville, FL.32796	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Lillian Joines	
Lillian Jones 4211 Will Scarlet DR.	
Titusville, Fl. 32796	دان بند بلد بان
Having been named as registered agent to accept service of process for the above stated corpora	
certificate, I am familiar with and accept the appointment as registered agent and agree to act in	this capacity
Signature/Registered Agent	//// 03 Date
and a second of the second of	/ /
Filler yours	1/11/03
Signature/Incorporator	Date
V_{\perp}	

ARTICLES OF INCORPORATION

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

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