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TRANSMITTAL LETTER

FILED 2003 MAR 10 PM 3: 52

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

SECRETARY OF STATE TALLAHASSEE FLORIDA

SUBJECT:	Lighten ?	In Series	Dence.	
	7 LEROPOSED CORPORA	re name – <u>Must Inclu</u>	IDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
□ \$70.00	\$78.75	□ \$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
1 00	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
	1	,		
FROM: Amelisa Embree				
Name (Printed or typed)				
10255 Cape Roman Rd.				
Address				
Bonita Springe H. 34/35				
City, State & Zip				
(239) 948-2763 A) (239)-273-9619				
Daytime Telephone number				

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

FILED

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SEURE TARY OF STATE TALLAHASSEE FLORIDA

February 27, 2003

ANGELISA EMBREE 10255 CAPE ROMAN ROAD BONITA SPRINGS, FL 34135

SUBJECT: LIGHTEN UP SERIES INC.

Ref. Number: W03000005742

We have received your document for LIGHTEN UP SERIES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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: 103A00012722

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: Signten Up Series Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 18255 Cape Roman Rd. Bonita Springs, X. 34/35 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Seminars a presentation for parsonal growth empowerment ARTICLE IV SHARES The number of shares of stock is: // Operater	2003 HAR 10 PM 3: 52 SEUNE TARY OF STATE TALLAHASSEE FLORIDA
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
ARTICLE VI RECISTERED AGENT The name and Florida street address of the registered agent is: Ongelisa Springs 2 34135 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Ongelisa Smill Shings 2. 34135 ***********************************	*******
Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agree signature/Registered Agent	ed corporation at the place designated in this
Sanature/Incorporator	Date