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TRANSMITTAL LETTER

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

SUBJECT:TL	SS WILLIE, INC.			
	(PROPOSED CORPORA	ATE NAME – MUST INCL	<u>UDE SUFFIX</u>)	
.				
Enclosed are an orig	final and one (1) copy of the ar	ncles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$2 \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Karen Funk/Delona Sulli			
	Name	(Printed or typed)		
	6803 Potts Rd			
	Address			
	Riverivew, FI 33569			
•	City, State & Zip			
	1-813-671-1155			
•	Daytime Telephone number			

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)	FILED
ARTICLE I NAME	<i>=</i>	- 03 MAR 19 PM 12: 3
• The name of the corporation shall be:		SECRETARY LE STATI TALLAHASSEE, FLORID
TLSS WILLIE, INC.		TEMMASSEE, FLORID
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6803 Potts Rd Riverview, FI 33569		-
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Real Estate Investing		n .
ARTICLE IV SHARES The number of shares of stock is: 100		
ARTICLE V INITIAL OFFICERS/DIRECTO The name(s), address(es) and title(s): Delona Sullivan, President Karen Funk, Treasurer 6803 Potts Rd Riverview, Fl 33569	PRS (optional)	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered Delona Sullivan 6803 Potts rd Riverview, fl 33569	agent is:	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Karen Funk 6803 Potts Rd Riverview, Fl 33569		
**************	********	*******
Having been named as registered agent to accept service of proce certificate, I am familiar with and accept the appointment as regis		
Lilano Sallin		3-17-03
Signature/Registered Agent	_	Date

Signature/Incorporator