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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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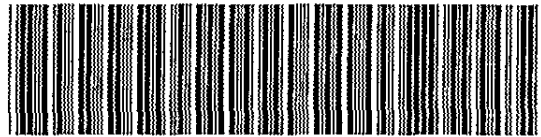
(Business Entity Name)

(Document Number)

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STATE
SECRET
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: MICHAEL Komer, INC
(Proposed Corporation Name)

Enclosed please find an original and one (1) copy of the Articles of Incorporation for the above corporation and a check in the amount of:

<input checked="" type="checkbox"/> \$ 70.00	<input type="checkbox"/> \$ 78.50	<input type="checkbox"/> \$ 122.50	<input type="checkbox"/> \$ 131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

FROM: MICHAEL L. Komer
Name

1001 STARKEY RD UNIT 120
Address

LARGO FL 33771
City, State, & Zip

727-517 7987
Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

ARTICLES OF INCORPORATION

OF

FILED

03 MAR 31 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MICHAEL KOMEN, INC

ARTICLE II PRINCIPLE OFFICE

The principal place of business and mailing address of this corporation shall be:

1001 STANLEY RD UNIT 120
LARGO FL 33771

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MICHAEL L KOMEN
1001 STANLEY RD UNIT 120
LARGO FL 33771

ARTICLE V INCORPORATOR(S)

The name(s) and street address(s) of the incorporator(s) of these Articles of Incorporation is (are):

MICHAEL L KOMEN
1001 STANLEY RD UNIT 120
- LARGO FL 33771

The undersigned has (have) executed these Articles of Incorporation this 27th day of
MARCH, 2003

Michael L. Komer
Signature/Title

I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF REGISTERED AGENT.