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TRANSMITTAL LETTER

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

Land Co

SUBJECT: To	dd McMullen ,Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	i a check for:		
□ \$70.00	☑ \$78.75	\$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
			Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Todd McMullen				
FRONE:	Name	e (Printed or typed)			
	690 Island Way # 708				
•	Address				
	Clearwater , Florida 33767 City, State & Zip				
•					
	707 457 4004				
	727-447-1291				
•	Daytime 7	Felephone number			

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

1.2

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:

Todd McMullen ,Inc.,

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

690 Island Way # 708 Clearwater, Florida 33767

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

E Bay Sales

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares authorized

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Todd McMullen 690 Island Way #708 Clearwater,Florida 33767

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Todd McMullen 690 Island Way #708 Clearwater,Florida 33767

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Todd McMullen 600 Island Way #708 Clearwater,Florida 33767

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

C M

1-15-03 Date

Date

Signature/Incorporator