## P03000045333

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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ML4/23

## TRANSMITTAL LETTER

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

SUBJECT:De	el Michelle INC.	<u>:</u>	
	(PROPOSED CORPORATE and and one(1) copy of the artic		_
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:  DEL LITLE  Name (Printed or typed)  7606 Pissarro Pr Apt. 203  Address  ORLANOO, R. 328/9  City, State & Zip			
	City,		<del></del> .

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

Daytime Telephone number

	<del>_</del> ·	FILED	
ARTICLES OF INCORPORATION	- 11 E.S. (D.,, S4)	- -	
In compliance with Chapter 607 and/or Chapter 62	21, F.S. (Profit)	03 APR 21 PM 1:42	
ARTICLE I NAME		SECRETARY OF STATE	
The name of the corporation shall be:	-	TALLAHASSEE, FLORIDA	
DEL Michelle INC.			
ARTICLE II PRINCIPAL OFFICE	. <del></del>	and the	
The principal place of business/mailing address is:	1 162		
7606 PA PISSARRO PRIVE AT	7 <u>. 7</u> 03	_	
ARTICLE III PURPOSE			
The purpose for which the corporation is organized	i is:		
INVESTMENTS IN REAL ESTATE AND	PRINT BUSINESS		
ARTICLE IV SHARES	٠=	<del>-</del>	
The number of shares of stock is: 500	=		
ARTICLE V INITIAL OFFICERS/DIREC	CTORS (optional	<u></u> .	
The name(s), address(es) and title(s):	-		
DEL Little - PRESIDENT			
Michelle Dennetty - Via President			
ARTICLE VI REGISTERED AGENT			
The name and Florida street address of the regist	ered agent is:	-	
The same of the sa			
7606 PISSIARO DR Apt. 203 DRUMEN H. 32819	<del>.</del>		
ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporator is:	=		
	_		
7606 PISSARRO DRA/+ 203			
ORCHADO) are a service	la de	والمراكب المراكب	. د . د . د د د د د د د د د د د د د د د
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certificate, I am familiar with and accept the appointment as			
Del Rite - DEL Lirue		4 - 19-03 Date	
Signature/Registered Agent	<del></del>	Date	
pel fike DEL LITLE	·	4/19/0	
My Miss - no	4 - Total		,-

Signature/Incorporator