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Certified Copies		Certificate	es of Status
Special Instruc	tions to F	iling Officer:	
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SECRETARY OF STATE
TALLAPAY SES. FLERIDA

TRANSMITTAL LETTER

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

SUBJECT:	Wallscapes by Mic	helle; Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee			\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Michelle Starkey	(Printed or typed)	
1	20585 SW 5 ST	· · · · · · · · · · · · · · · · · · ·	
• • •		Address	
	Pembroke Pines, FL City	33029 , State & Zip	
; !	954-632-6895	Telephone number	

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

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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:

Wallscapes by Michelle, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 297621 Pembroke Pines, FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To obtain status of a legitimate business

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Michelle Starkey 20585 SW 5 ST Pembroke Pines, FL 33029 Owner/President

ARTICLE VI REGISTERED AGENT

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

Michelle Starkey 20585 SW 5 ST Pembroke Pines, FL 33029

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Michelle Starkey 20585 SW 5 ST Pembroke Pines, F1 33029

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

Signature/Incorporator