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TRANSMITTAL LETTER

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 INGERIEF, LORP. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and 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 COPY REQUIRED P.O. Box 1514

Address

ARCHOIA, FC 34265

City, State & Zip

(963) 494-9290

Daytime Telephone number

Department of State

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

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ARTICLE I NAME		TALLAHASSEE, FLORIDA
The name of the corporation shall be:	-	Fig. 1
•	<u>—</u> —	
INGERES LORR		
ARTICLE II PRINCIPAL OFFICE	_	
The principal place of business/mailing address is:	- ·	· · · · · · · · · · · · · · · · · · ·
P.O. BOX 1514		
Ancarola, FL 34265		
ARTICLE IIIPURPOSE		
The purpose for which the corporation is organized is:	· 	· <u></u> ,
RETAIL BUSINESS SERVI	1065	
ARTICLE IV SHARES		
The number of shares of stock is: 100	-	· · · · · · · · · · · · · · · · · · ·
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	~	wa.
ARTICLE V INITIAL OFFICERS/DIRECTOR	S <u>(optic</u>	<u>onay</u>
The name(s), address(es) and title(s):		
ARTICLE VI REGISTERED AGENT	73.	
The name and Florida street address of the registered as	gent is:	
LIONEL S. SHAPIRO		
327 N. WILSON AVE		
ARCADIA, FL 34266		
ARTICLE VII INCORPORATOR	_ 	
The <u>name and address</u> of the Incorporator is:		
LIONEL J. SHAPIRO		
P.O. BOX 1514		
P.O. BOX 1514 ARCADIA, FC 34265		نا دار دی والا دارد در در دار دارد در دارد دارد دار
Having been named as registered agent to accept service of process		**************************************
certificate, I am familiar with and accept the appointment as register-		
P 11.		ml. I
- brownie A. Shaprio		7/21/03
Signature/Registered Agent		
Digitaturo/Registered Agent		-Date
D / / .		
Signature/Incorporator		7/2.103

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)