

P03000090867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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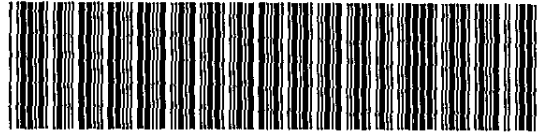
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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8-19

TRANSMITTAL LETTER

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: *Lemay*
Lemay Forcey Enterprises, Inc.

Enclosed is an original (and one (1) copy*) of the articles of incorporation of the above referenced entity and an check for:

X \$70.00 Filing Fee

_____ \$122.50 Filing Fee & Cert. Copy*

_____ \$78.75 Filing Fee & Certificate

_____ \$131.25 Filing Fee, Cert. Copy & Certificate*

**Additional Copy of Articles Required*

Thank you in advance for your cooperation in this matter. Please address all correspondence and questions to:

Angela Lemay
1856 N. Washington Ave.
Clearwater, FL 33755
Tele. 727-441-5048

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be:

Lemay Forcey Enterprises, Inc.

ARTICLE II: PRINCIPAL OFFICE

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

1856 N. Washington Ave. Clearwater, FL 33755

ARTICLE III: SHARES

The number of shares of stock authorized to be outstanding at one time is:

1,000

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

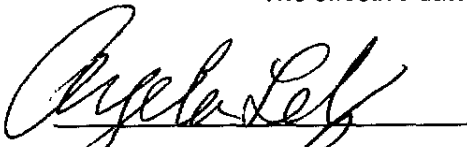
Angela Lemay 1856 N. Washington Ave. Clearwater, FL 33755

ARTICLE V: INCORPORATOR

Angela Lemay 1856 N. Washington Ave. Clearwater, FL 33755

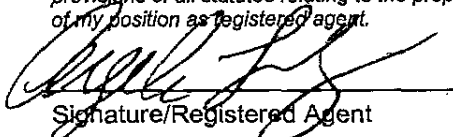
ARTICLE VI: EFFECTIVE DATE

The effective date of these filings shall be: **Upon Receipt of the Secretary**


Signature/Incorporator

8-15-03
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

8-15-03
Date

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03 AUG 18 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FL 32301