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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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TRANSMITTAL LETTER

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

SUBJECT:	ASSION POSITIVE INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: PASSION TOSITIVE INC. Name (Printed or typed)
218 BROWARD ST. #6
TALLAHASSEE, FL 32301 City, State & Zip
850/459-3145 Daytime Telephone number

TYLUNG LARY OF STATE
TALLAHASSEE, FLORIDA
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<u></u>
ECRETARY
. CHARLES
ALLASTE FL3230
ALLAHASSEE, FL3230
32301

ration at the place designated in this
in this capacity
10-21-03 Date
10-21-03 Date
3

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