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TRANSMITTAL LETTER

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

SUBJECT: 4	PROPOSED CORPORAT	RPRISES	IHC	
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u> I	JDE SUFFIX)	
			•	
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	MILD RED Name (Pr	GELFON inted or typed)	D	
9000 PARK BOULEVARD, #7				
SEMINALE FL 33777 City, State & Zip				
627) 398-6371 Daytime Telephone number				

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

ARTICLES OF INCORPORATION

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

ARTICLE I

The name of the corporation shall be:

4 MIL ENTER PRISES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9000 PARKBOULEVARD #7 SEMINOLE, F133277

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TAXI SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

100 shares AT \$ 1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

MILDRED GELFOND 9000PARK BOULEVARD, #7 SEMIHOLE, FL 33777

ARTICLE VI REGISTERED AGENT

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

MILDRED GELFOND #7 SEMINOLE, FL 33777

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MILDRED GELFOND 9000 PARK BOULEVARD #7 SEMINOLE, F1 33277

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

M. Mel Selfond Signature/Registered Agent

12 9 0 3 Date