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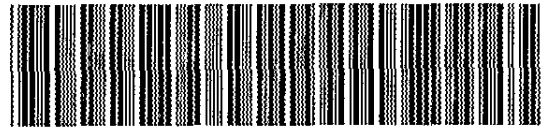
(Business Entity Name)

(Document Number)

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2004 APR 21 P 2:34

SECRETARY OF STATE  
TOLSON BUILDING  
WASHINGTON, DC 20540

4-26-04  
10-98-5

## TRANSMITTAL LETTER

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

Subject Michael Allen inc.

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

(ADDITIONAL COPY REQUIRED)

FROM: Nellie Akalp  
Name

30141 Agoura Rd., Suite 205  
Address

Agoura Hills, California 91301  
City, State & Zip

818-879-9079  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION  
OF  
Michael Allen inc.

*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: Michael Allen inc.

ARTICLE II      PRINCIPAL OFFICE

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

202 E. South St. # 6045  
Orlando, Florida 32801

ARTICLE III      SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1500 at \$0.01 par value per share.

ARTICLE IV      INITIAL DIRECTORS

The name(s) and address(s) of the initial Director(s) is/are:

Michael Allen Hamberger  
202 E. South St. # 6045  
Orlando, Florida 32801

ARTICLE V      INITIAL REGISTERED AGENT AND STREET ADDRESS

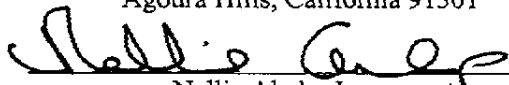
The name and Florida street address of the initial registered agent is:

Michael Hamberger  
202 E. South St. # 6045  
Orlando, Florida 32801

ARTICLE VI      INCORPORATOR

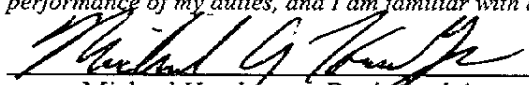
The name and address of the incorporator to these Articles of Incorporation is:

Nellie Akalp  
30141 Agoura Rd., Suite 205  
Agoura Hills, California 91301

  
\_\_\_\_\_  
Nellie Akalp, Incorporator

4-12-04  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Michael Hamberger, Registered Agent

4-15-04  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA