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TRANSMITTAL LETTER

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

SUBJECT:	Optimum IMAG	GES INC	
	(PROPOSED CORPORAT	E NAME – <u>MUŞT INCL</u> I	DE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	les 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	& Certificate of Status
FROM:	LOTT MAURICE		
	314 Bachelle		?5
	Sanfond Ila City,	100104 327 State & Zip	71
		5409 elephone 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) __NAME ARTICLE I The name of the corporation shall be: 04 MAY -4 PH 1: 16 Optimum IMAGES INC BOKAPALINE FLORIA ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2438 Kimberly DR Delboa FLa 32738 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Publishing of Books and publications ARTICLE IV SHARES The number of shares of stock is: 15 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): LOTT M SCIPIO CAIEL EXECUTIVE Officer 314 Rachelle Ave the 1025 Sonford FLA 32771 John sapio a hiel operations officer 2438 Kimberls Dr. Delfora FLA 32738 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: LITT M SCIPIO 314 Rachelle Ava # 1025 Sanford FLA 32771 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: LOTTM SCIPIO 314 radulle Are # 1025 Sanfind Fla 82771 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 4-27-09 Date Signature/Registered Agent

4-2704