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TALLARASSEE, LORIDA

SECKETARY OF STATE
TALLARASSEE, I LORID

TRANSMITTAL LETTER

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

Subject:	(Proposed corporate name – must include suffix)			
Enclosed is an origin	al and one (1) copy of the	articles of incorporation and	d a check for:	
_X\$70.00	\$78.75	\$122.50	\$131.25	
Filing Fee	Filing Fee &	Filing Fee &	Filing Fee,	
	Certificate	Certified Copy	Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		

FROM:	MIKE ALLEMAN	
	Name (printed or typed) 4127 DES MOINES ST N.E	•
	Address ST.PETERSBURG, FL 33703	
	City, State & Zip	
	Daytime Telephone number	

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be

MIKE ALLEMAN INC.

ARTICLE 11 PRINCIPAL OFFICE

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

4127 DES MOINES ST N.E. ST.PETERSBURG FL 33703

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE THOUSAND SHARES OF ONE DOLLAR PAR VALUE COMMON STOCK

ARTICLE IV INITIAL OFFICERS AND/OR DIRECTORS

The name(s), addresss(es) and title(s) of the officers/directors of the corporation shal be:

President MIKE ALLEMAN 4127 DES MOINES ST N.E. ST.PETERSBURG FL 33703

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MIKE ALLEMAN 4127 DES MOINES ST N.E. ST.PETERSBURG FL 33703 SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ON JUN 14 AM 11: 45

ARTICLE V I INCORPORATOR(S) See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MIKE ALLEMAN INC. 4127 DES MOINES ST N.E. ST.PETERSBURG FL 33703

The undersigned incorporator(s) has	s(have) executed these Articles of	ncorporation this
12 day of May	, 2004	
(An additional article must be added	d if an effective date is requested)	
Michael	aleman	
	Signature	
	Signature	
	Signature	

Notarization is not required

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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The name	at tr	e corporation	10.	мик н.	ALLEN	ЛАМ	INU
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1.	The name and address of the registered agent and office is:
	MIKE ALLEMAN

(Name)

4127 DES MOINES ST N.E.

(P.O. Box or Mail Drop Box Not Acceptable)

ST.PETERSBURG FL 33703 (City/State/Zip)

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 provision 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.