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## TRANSMITTAL LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM:

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)	- Man -	- 1H
ARTICLE I NAME  The name of the corporation shall be.  5042 Seminole Prost & Williamy Loyahatchee Fl. 33470	RAME MAKEK +	NC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  ANY LAWFUL BUSSIESS,		
ARTICLE IV SHARES  The number of shares of stock is:  [OOSHARES   LOU FAR	2004 SE SECRE TALLA	77
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  Kym Machie  RESIDENT	P 17 P 3: 57  TANKY OF STATE ASSEE, FLORIDA	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the recommendation of the recommendati	egistered agent is:	
Kym Mc Connachie 1793 Abbey Rd. W Paim Beach, FL 33415-5853		
The name and address of the Incorporator is:  \[ \( \begin{align*} \left \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to		******* nated in this
Kym M. Commence	9-13-04	_
Signature/Registered Agent	9-13-04	_
Signature/Incorporator	Date	