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## TRANSMITTAL LETTER

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

(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
inal and one (1) copy of the art	icles of incorporation and	l a check for:
	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
Name	(Printed or typed)	
	Address	
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	inal and one (1) copy of the art  \$78.75  Filing Fee  & Certificate of Status  Name	Filing Fee Filing Fee

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

## In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: lymore Consulting PRINCIPAL OFFICE The principal place of business/mailing address is: Garden Court ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: provide consulting services to clients ARTICLE IV The number of shares of stock is: IOO INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Reginald Collymore - Aresid 6249 Garden Court Davie, FL 33314 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 'ollumore COURT INCORPORATOR The name and address of the Incorporator is: Reginald Collymore 6249 Garden Court 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

ARTICLES OF INCORPORATION

Signature/Incorporator