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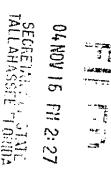
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TRANSMITTAL LETTER

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

SUBJECT:	Michael Cutte (PROPOSED CORPORA	T I DC TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$\frac{12}{4}\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Michael Cutten Name	e (Printed or typed)	
	10426 Deepbrook Riverview, FL 3: City	Address	
	(813) 494-8442 Daytime	Telephone 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)

ARTICLE I NAME

The name of the corporation shall be:

Michael Cutten Inc.

SECRETARY OF STATE TALL AHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10426 Deepbrook Dr. Riverview, FL 33569

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform legal business activities such as painting indoor/outdoor fence building and rubbish removal.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Michael Cutten Owner/Operator

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Paula Varney-Cutten 10426 Deepbrook Dr. RIverview, FL 33569

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Cutten 10426 Deepbrook Dr. RIverview, FL 33569

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

Signature/Registered/Agent

11/08/2004 Date

Signature/Incorporator

Date