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TRANSMITTAL LETTER

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

SUBJECT: FV	FOR FOR PORA	TENAME - MUST INCLI	UDE SUFFIX)		
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	a check for:		
\$70.00	\$78.75	□ \$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
2 1	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status	of	
		ADDITIONAL CO	PY REQUIRED		
FROM:	bse R. FREIT	Printed or typed)			
	2427 E MAIL	DR. #531	<u> </u>	Z.s	Ç
	Ft. Myers F City,	-C. 33401 State & Zip		TAHAS:	ON MON TO

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

Daytime Telephone number

FILED

ARTICLES OF INCORPORATION

NAME

FREMA FLOORS, IV.

The name of the corporation shall be:

ARTICLE I

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)