## P05000008636

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STATE
TALLARYS & FROM STAT

Cg. 19

## TRANSMITTAL LETTER

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

SUBJECT:		MME 5	EMC,
Enclosed are an orig	(PROPOSED CORPORAT	-	
\$70.00 Filing Fee	\$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:	3400-ARC	Printed or typed)  AUGA: DR  Address	1ME
	PALM HA	2502 F State & Zip 24-0514	<u> 34687</u>

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

Daytime Telephone number



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 7, 2005

MICHAEL A. TAMME 3400 ARCADIA DR. PALM HARBOR, FL 34684

SUBJECT: MICHAEL TAMME INC. Ref. Number: W05000001110

We have received your document for MICHAEL TAMME INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 105A00001422

Carolyn Lewis Regulatory Specialist II New Filings Section

## 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: MICHARI TAMME IMC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: HERAPIA F1 34684. PALM HARBORS ARTICLE III PURPOSE The purpose for which the corporation is organized is: HOME SAFETY SOLUTIONS ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): PALM HARBOR, A 340BY. REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: MIRCHARI # TAMME , PREX. ARTIČLE VII INCORPORATOR The name and address of the Incorporator is: TAMME, PREZ ZUDD LARCADIA 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 Agend Date

Date