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TRANSMITTAL LETTER

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

SUBJECT:	M.V. Leidel	Inc	
	(PROPOSED CORPORA	ATE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$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 PPY REQUIRED
FROM:	Michael V. Leide Name 257 Meagan Apopka FL City	Beth Rd. Address	
	407 - 496 - C	02/3 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: M. V. Leidel Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 37 N. Orange Ave Svite 500 Orlando FL 32801 ARTICLE III PURPOSE The purpose for which the corporation is organized is: OPPRESENTATION Protessional Corporation 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 V. Leidel Michael V. Leives 37 N. Orange Ave } Pres. Suite 500 Trew. ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: M.V. Leidel 37 N. Orange Ave., Suite 500 Orlando FL 32801 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: M.V. Leidel 37 N. Orange Ave., Suite 500 Orlando FL 32801 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 14 FEB 05 Signature/Registered Agent 14 FEB OS ignature/Incorporator

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