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J. Shivers APR 07 2005

## TRANSMITTAL LETTER

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

SUBJECT:	LINDA LAROCQUE, INC (PROPOSED CORPORA		UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti-	cles 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:	LINDA LAROCQUE	(Printed or typed)			
-	118 SUPERIOR	Address	· · · · · · · · · · · · · · · · · · ·	OS APR-1	FILED
		49090 State & Zip		THE THE	Ö
	269-637-3416	elephone number		OH F	
	Daytime 1	erebriotte timmoet			

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

•	NCORPORATION			
In compliance with C	hapter 607 and/or Chapter	621, F.S. (Profit)		
ARTICLE I N	AME			
The name of the corpo	oration shall be:			
	LINDA LAROCQUI	E, INC.		
ARTICLE II P	RINCIPAL OFFICE			
The principal place of	business/mailing address is:	:		
	118 SUPERIOR SOUTH HAVEN, M	MI 49090		
ARTICLE III	PURPOSE			
	th the corporation is organized	zed is:		
	REAL ESTATE PURCHASE/ SALE	ES/ MANAGEMENT		
ADMICE TO THE		·		
ARTICLE IV The number of shares				
	100			
	NITIAL OFFICERS ANI			
List name(s), address	S	118 SUPERIOR SOUTH HAVEN, MI		ZR
				5.00 p
ARTICLE VI	REGISTERED AGEN la street address (P.O. Box		na registered agent is:	
The mame and Figric	ia street autress (r.O. Dox	NOT acceptable) of the	ie registered agent is.	7
	ANITA E. MANUE			
	44 COCOANUT RO PALM BEACH, FI			司司
ARTICLE VII	INCORPORATOR			
	ss of the Incorporator is:		The second secon	
	LINDA LAROCQUE 118 SUPERIOR	9		•
	SOUTH HAVEN, M	MI 49090		
******	********	*******	******	*****
	egistered agent to accept service with and accept the appointment of			designated in this
1				
Signature/I	Registered Agent	· · · · · · · · · · · · · · · · · · ·	Date	

Signature/Incorporator