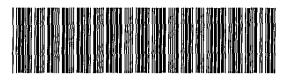
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# TRANSMITTAL LETTER

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

SUBJECT: Schools	(PROPOSED CORPORA	ATE 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	✓ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
FROM: Sch	noofs Inc.	e (Printed or typed)	
!	6435 Bougainvilla Ave	Address	
<u> </u>	St. Petersburg, Florida. 33707 City	, State & Zip	
<u> </u>	727-415-0966	Celephone 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:

Schoofs Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6435 Bougainvilla Ave St. Petersburg, Florida. 33707

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct business

### ARTICLE IV SHARES

The number of shares of stock is:

## INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s): Joseph T. Schoofs 6435 Bougainvilla Ave St. Petersburg, Florida. 33707

### ARTICLE VI REGISTERED AGENT

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

Joseph T. Schoofs 6435 Bougainvilla Ave St. Petersburg, Florida. 33707

# INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Joseph T. Schoofs 6435 Bougainvilla Ave St. Petersburg, Florida. 33707

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

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N. 7. Shafe		4/1/2005
Signature/Registered Agent		Date
In Sell		4/1/2005
Signature/Incorporator		Date