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(Business Entity Name)		
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, TRANSMITTAL LETTER

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

SUBJECT: Michae	(PROPOSED CORPOR	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 & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Mic	chael Crisafulle		
		(Printed or typed)	
	511 South East Coast Street	Address	
:	Lake Worth, Florida 33460	, State & Zip	
	(561) 547-5701	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)

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ARTICLE I NAME

The name of the corporation shall be:

Michael Crisafulle, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 511 South East Coast Street
Lake Worth, Florida 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: General Contractor

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 Crisafulle, President 26 West Cypress Road Lake Worth, Florida 33467

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Michael Crisafulle 511 South East Coast Street Lake Worth, Florida 33460

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Michael Crisafulle 511 East Coast Street Lake Worth, Florida 33460

**************************************	**************************************
Signature/Registered Agent	51/2= (Date
Signature/Incorporator	