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TRANSMITTAL LETTER

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

SUBJECT:	Michael Lose (PROPOSED CORPOR)	TWC. ATENAME-MUST INCL	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l a check for:	•
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status	
FROM:		(Printed or typed) WAShington (Address	OR	05.007.30 PH
	SARA 807 City 941	Fr FL 3+2 5, State & Zip 7-383-9700 Telephone number	36	1 3:41 1 3:41

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: Michael Losey, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 84 N. WAShington DR. SARA sota, FL 34236	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Rest Estate Sales on Investment	≯s 95
ARTICLE IV SHARES The number of shares of stock is: 500	05 JU 130 PII
ARTICLE V INITIAL OFFICERS AND/OR DE List name(s), address(es) and specific title(s): Michael Losey fresident/Secretary 84 N. Washington Ar. SARASOTA, FL 34236	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acc MAR.A Losey 84 N. WASA: noton BR. SARASOTA, FL. 34236	ceptable) of the registered agent is:
The name and address of the Incorporator is: Michael Losey 84 N. WAShington De. SALASOTA FL 34236	
**************************************	**************************************
Signature/Registered Agent	
Signature/Incorporator	6/27/05 Date