P05000144518

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Office Use Only



600060567786

10/14/05--01023--004 **78.75

FILED

05 001 24 PH 1: 28

10/25/25 W05-47438

COVER LETTER

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

SUBJECT:	Feel Me	Inc.	
	(PROPOSED CORPORA	TTE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an origi	nal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	*\$78.75 Frang Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	Mayra R. C	e (Printed or typed)	
-	630 SW 61	Address	
-	Miami, FL City	33144 , State & Zip	
-	786 - 356 - 8 Davime	934 Telephone number	

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



October 17, 2005

MAYRA R. CORKER 630 SW 61 AVE. MIAMI, FL 33144

SUBJECT: FEEL ME INC. Ref. Number: W05000047438

We have received your document for FEEL ME INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2006 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6840.

Bruce W Kitchens Document Specialist New Filings Section

Letter Number: 805A00062982



ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) FILED
ARTICLE I NAME	
The name of the corporation shall be:	05 OCT 24 PM 1: 28
Feel Me Inc.	SECRETARY OF STATE FALL AHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	ing the second s
630 5W 61 Avenue Miami, FL 33144	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	الماهانين المختصد المختصد المختصد المختصد المختصد المناسبة
Tax preparation and notary 5	ewices.
ARTICLE IV SHARES The number of shares of stock is:	
Share	to the control of the
ARTICLE V INITIAL OFFICERS AND/OR DIR List name(s), address(es) and specific title(s):	ECTORS
Mayra R. Corker - Presider	Brian M. Corker. 1 630 5W GL Avenue
630 SW 61 Avenue	630 SW GL AVENUE
Miami, FL 33144	Miami, FL 33144
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acce	
Mayra R. Corker	
630 SW OI AVONCE	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	article VII Effective Date
Mayra R. Corker	01/03/04
630 SW 61 AVENUE Mami, FL 33144 **********************************	01/03/06
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered	or the above stated corporation at the place designated in this
hayra R. Corles	10-09-05 Date
Signature/Registered Agent	
hayra B. Corles	10-09-05 Date
Signature/Incorporator	Date