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## **COVER LETTER**

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

SUBJECT:	PROPOSED CORPORA	TE NAMED - MUST INCL	ICES, Inc.
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
S70.00 Filing Fee	▼\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
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	(727) 24/4/ The	Address State & Zip Telephone number	33629

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

## ARTICLE I <u>NAME</u> The name of the corporation shall be: Executive Concierge Sernas Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2409 W. Strand Avc. TAMPA, FE. 33629 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Conscierge & Personal Valet Services ARTICLE IV <u> SHARES</u> 1000 Share The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Angelia D. Tellowe - PRESIDENT (HOLDER of an 1000 Short: Tamps, FL 33629 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: CHRISTOPH A. TRINA 2206 Bay Quib Circle Tampa, 2 33607 The name and address of the Incorporator is: Angelia O. TELLONE 2409 W. STROUS AVE. 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 CHRISTOPH TRINA Signature/Registered Agent

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)