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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Danuar and Numbers)			
(Document Number)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special manufactions to 1 ming Officer.			
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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: Michael Co	osta In	\subset
Enclosed are an original and one (1) copy of the art	TE NAME - MUST INCL . icles of incorporation and	
S70.00 \$\frac{1}{2}\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
5931 Br	Costa (Printed or typed) Hon Rd	
813 98	FL 335, State & Zip	565_

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 The name of the corporation shall be: Michael Costa, INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5931 Bruton Rd 33565 The purpose for which the corporation is organized is: essional Corporation ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Michael ('asta Director 33565 The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: The name and address of the Incorporator is: 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

Date

Signature/Registered Agent

Signature/Incorporator