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(City/State/Zip/Phone #)

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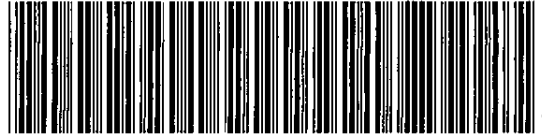
(Business Entity Name)

(Document Number)

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09 JUN -9 PM 1:30

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COVER LETTER

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

SUBJECT: TRADITIONAL BUILDERS AND DEVELOPMENT INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: MICHAEL E. OLM
Name (Printed or typed)

15519 US HWY 441, SUITE 104-A
Address

EUSTIS FL. 32726
City, State & Zip

352-989-1329
Daytime Telephone number

MICHAEL OLM @ 9 MAIL . COM
E-mail address: (to be used for future annual report notification)

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:

TRADITIONAL BUILDERS AND DEVELOPMENT INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

**15519 US. HWY 441 SUITE 104-A
EUSTIS FL. 32726**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSTRUCTION AND DEVELOPMENT OF PROPERTY

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

**MICHAEL E. OLM PRES/SEC
15519 U.S. HWY 441 SUITE 104-A EUSTIS FL. 32726**

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

**MICHAEL E. OLM
15519 US HWY 441 SUITE 104-A
EUSTIS FL. 32726**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**MICHAEL E. OLM
15519 US. HWY 441 SUITE 104-A
EUSTIS FL. 32726**

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

Michael E. Olm

Signature/Registered Agent

6/5/09

Date

Michael E. Olm

Signature/Incorporator

6/5/09

Date

FILED
09 JUN -9 PM 1:00