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COVER LETTÉR

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

SUBJECT: 1550 INVESTMENTS,	INC.			
(PROPOSED CORPORAT	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED		
FROM: WILLIAM R KENNEDY IV	(Printed or typed)			
1550 HARBOR DR				
	ddress			£* .
SARASOTA, FL 34239 City, State & Zip			2010	NE SE
941-366-3812	lephone number		2010 OCT 27	CKETARY TON OF COM
roland@6585bill.com E-mail address: (to be used	for future annual report r	notification)	PH 3: 5	###C

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

ARTICLES OF INCORPORATION

	In compliance with Chapter 60	07 and/or Chapter 624, F.S. (P	rofit)
ARTICLE I The name of the c	NAME 1550 INVESTMEN	TS, INC.	SECRETARY OF STATE
ARTICLE II	PRINCIPAL OFFICE		2010 OCT 27 PM 3: 50
AKTICEBI	Principal street address	Mailin	g address, if different is:
	1550 HARBOR DR	Ivianing	g address, it different is.
	SARASOTA, FL 34239		
			
The purpose for INVESTME	which the corporation is organized is:		
	ares of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	<u>ctors</u>	
Name and	Title: WILLIAM R KENNEDY IV	Name and Title:	
Address:	1550 HARBOR DR		
	SARASOTA, FL 34239		
	PRESIDENT		
Name and 7	Title:	Name and Title:	
Address:			
Addiess.			·····
			
Name and T	Title:	Name and Title:	
Address:		Address:	
4 DØ101 D 177			
	REGISTERED AGENT	1	
	orida street address (P.O. Box NOT acceptab	ole) of the registered agent is:	
Name: Address:	WILLIAM R KENNEDY IV		
Address:	1550 HARBOR DR		
	SARASOTA, FL 34239		
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	WILLIAM R KENNEDY IV		
Address:	1550 HARBOR DR		
	SARASOTA, FL 34239	.	
	•		
Having been nam	ied as registered agent to accept service of pr	rocess for the above stated cor	poration at the place designated in
	m familiar with and accept the appointment a		act in this capacity
,	00 1 []		. / /
u	eleux land		1.0/23/2010
	Required Signature/Registered Agent		Date
I submit this docu	ument and affirm that the facts stated herein	are true. I am aware that th	e false information submitted in a
doorsmand to the D	Innovina and of Cinia annelisada - Abiad Januara	felony as provided for in s.817.	155, F.S.
11.	200.1) [/ n		1-122/20.0
\mathcal{M}	Required Signature/Incorporator		10/23/2010
	Required Signature/Incorporator		Date