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COVER LETTER

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

Judy Micale & Associates, 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 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Judy Micale Name (Printed or typed) 276 Briley Ct. Address Tallahassee, FL 32305 City, State & Zip (850) 212-2169 Daytime Telephone number

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

E-mail address: (to be used for future annual report notification)

jmicalecoach@gmail.com

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

ARTICLE I NAME The name of the corporate	tion shall be: Judy Micale & As	sociates, Inc.			
	NCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:		
Tallahassee, I	FL 32305			(10) (11)	
			35.7x	7	
ARTICLE III PUR The purpose for which t	POSE he corporation is organized is:	all activities or business	permitted under the	laws	
of the United S	States of America and the	State of Florida	S _W	35	
		· · · · · · · · · · · · · · · · · · ·			
ARTICLE IV SHA	RES 100				
The number of shares of	stock is: 100	· · · ·			
	TIAL OFFICERS AND/OR DIRECTOR	<u>RS</u>			
Name and Title		Name and Title:			
Address	276 Briley Ct.	Address:			
	Tallahassee, FL 32305				
			 -		
Name and Title:		Name and Title:			
Address		Address:			
		<u> </u>			
N 100 1					
Address		Address:			

Name and Title:		Name and Title:		
Address		Address:		_
	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable) of Judy Micale	the registered agent is:		_
Name:	276 Briley Ct.			
Address:	Tallahassee, FL 32305		⊉ ‰ ऊ	
ARTICLE VII	INCORPORATOR		TARAS T	工业主
The name and ac	idress of the Incorporator is:			而是行
Name:	Judy Micale			
Address:	276 Briley Ct.			•
	Tallahassee, FL 32305		ا لي حمد.	
I submit this doc	ned as registered agent to accept service of process am familiar with and accept the appointment as reg Required Signature/Registered Agent are to the partment of State constitutes a third degree felong Required Signature/Incorporator	istered agent and agree to	o act in this capacity 02/17/15 Date Date information submitted	