## TRANSMITTAL LETTER

Department of State **Division of Corporations** P. O. Box 6327

Tallahassee, FL 32314

Proposed corporate name - must include suffix)

Model and Talent

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

\$70.00

\$78.75

Filing Fee Filing Fee

& Certificate

□\$122,50

**2** \$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

14/01 Stonebrook Address

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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ARTICLE I NAME			
The name of the corporation shall be:			
Lynnette and Company Model and Talent Management, INC.			
ARTICLE II PRINCIPAL OFFICE			
The principal place of business and mailing address of this corporation shall be:  [4/0/5 Tone Drook Court			
Tampay Florida, 33624			
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:			
The number of shares of stock that this corporation is authorized to have obstanding at any one time is.			
100			
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS			
The name and Florida street address of the initial registered agent are:			
Lynnette P. Jepperson 14101 Stone Brook Court 14101 Stone Brook Court			
ARTICLE V INCORPORATOR (AM ) PLOT MAY SOLVY			
The name and address of the incomorator to these Afficies of Incomoration are:			
Lynnette P. Jepperson Ly101 stone brook Court			
14101 stone brook COUPT			
Tampay Florida, 33624			
Signature/Incorporator/  Signature/Incorporator/  Date			

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

MMMT (F GYA) LLOT Signature/Registered Agent

Date