TRANSMITTAL LETTER

P98000060934

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

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			ককককক (৪.১)	不 等符
SUBJECT: <u>LA</u>	Kewood MARKE (Proposed corpo	ETING CORP. rate name - must include su	ffix)	 -
inclosed is an original a	and one(1) copy of the article	s of incorporation and a	check for :	I
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	CAROL TUN Name (P)		16- Site#	5
	Tampa City,	State & Zip Sqq-1009 elephone number	SECRETALLAHA	. JNF 86

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation Business Corporation Act, hereby adopts the following Articles of Inco	* 1/1 [33
ARTICLE I NAME The name of the corporation shall be:	FILED FILED TARY OF ASSEE, F
Lakewood Marketing C	Y 2: 25
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corpo	ration shall be:
5101 @ BUSE & Blub -	
ARTICLE III SHARES The number of shares of stock that this corporation is authorized	to vik
	en e
ARTICLE IV INITIAL REGISTERED AGENT AND The name and Florida street address of the initial registered agent	VD STREET ADDRESS t are:
CAROL GNN STEPHENS 7596 Central Park Cir	and c. Tampa, Fla. 33617
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Ir	
CAROL ANN STEPHENSON 7596 Central Park Circ.,	•
Coad Am Weekenson	7-7-98
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

Signature/Registered Agent Date