## RANSMITTALLETTE # 364

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

Department of State			
Division of Corpora	itions		
P. O. Box 6327			7000Ď2772477—5
Tallahassee, FL 323	314		-02/11/9901027009
			*****78.75 *****78.75
SUBJECT:	Michaelsoft Co (Proposed corpo	orate name - must include su	effix)
•			TAPLE T
<b>.</b>			HASS.
Enclosed is an origin	nal and one(1) copy of the article	les of incorporation and	a check for: Ho
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	a check for: File op: S87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status DPY REQUIRED
FROM	: <u>Michael Lam</u> Name (P	n binse TR.	_ : 
	_2601 Expor	Address Ave	
	Port St. Lucie, City,	Florida 34	752

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

5D 2/15

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation Business Corporation Act, hereby adopts the following Articles of Inco	on under the Florida = orporation.
ARTICLE I NAME The name of the corporation shall be: Michael 50ff	
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation of the principal place of business and mailing address of this corporation of the principal place of the place	Trick of the second of the sec
ARTICLE IV INITIAL REGISTERED AGENT ANI The name and Florida street address of the initial registered agent  2601 Export Pue Port St. Lucie, Florida 34952  ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Ini Michael Lambinse Tr.  2601 Export Rue. Port St. Lucie, Florida 34952  Michael Lambinse In.  Signature/Incorporator	are: Michael Eambiase Ji
(An additional article must be added if an eff	fective date is requested.)
daying been named as registered agent and to accept service of process for this certificate, I hereby accept the appointment as registered agent and agree the provisions of all statutes relating to the proper and complete performance obligations of my position as registered agent	to act in this canacity. I from a new to a number with
Michael Jambino S., Signature/Registered Agent	2-8-99 = Date