TRANSMITTAL LETTER

Department of State

Division of Corporations

P. O. Box 6327

000060192

Tallahassee, FL 32314 *****87.50 ****87.50 MICHAEL EDWARDS INC. SUBJECT: (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 □\$78.75 **2** \$87.50 \$78.75 Filing Fee Filing Fee Filing Fee, Filing Fee Certified Copy & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED EDWARDS JOHN MICHAEL FROM: _ Name (Printed or typed) 38452 ZEPHYRHILLS , FLORIDA , 33540 City, State & Zip (813) 788 8852 Daytime Telephone number

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 Artic	cles of Incorporation.

ARTICL	EI	NAME

The name of the corporation shall be:

MICHAEL EDWARDS INC

PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be:

12th AVENUE, ZEPHYRHILLS, FL 33540

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

(ONE HUNDRED)

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MICHAEL EDWARDS 38452 12th AVENUE, ZEPHYRHILLS, FL 33540

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

EDWARDS MICHAEL 38452 12th AVENUE

ZEPHYRHILLS FL

Signature/Incorporator

(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