POOOOOOHOII TRANSMITTAL LETTER

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

d is an orioi	(PROPOSED CORPORA		UDE SUFFIX)
□ \$70.00 Filing Fee	nal and one(1) copy of the artic. \$\frac{1}{2}\$78.75 Filing Fee & Certificate of Status	Sof incorporation and a \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM	Irene McIne	inted or typed)	· · · · · · · · · · · · · · · · · · ·
	507 Colum	bia Ave	No cop7
	St. Clou	dFL 347	769 TASEC B
		7=3506	00 APR 20 SECKLTARY ALLAHASSE

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

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

ARTICLE I NAME

The name of the corporation shall be:

REM, Style Inc.

<u>ARTICLE II PRINCIPAL OFFICE</u>

The principal place of business/mailing address is:

507 Columbia AUC St. Cloud, FL 34769

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Irone McInerney 507 Columbia Ave St. Cloud, FC 34769

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

IrenemcIneaney 507 Columbia Ave St. Cloud, FL 34769

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Irone McIner nex 507 Columbia Ave.

St. Cloud, FL 34769

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporato

 $\frac{4/10/cc}{Date}$