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01 MAY 24 PM 12: 37

SECRETARY OF STATE TALLAHASSEE FLORIDA

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

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SUBJECT:	INCLE	DIBLE	MEMORIES	1100	_	
	(Prop	osed corporat	e name - must inc	lude suffix)		
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	-	<u> </u>	Address			
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

01 MAY 24 PM 12: 38

SECRETARY OF STATE TALLAHASSEE FLORIDA

OF

INCREDIBLE MEMORIES, INC

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

ARTICLE I NAME

The name of the corporation shall be:

INCREDIBLE MEMORIES, INC.

ARTICLE II PRINCIPAL OFFICE

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

256 EWING COURT FT. WALTON BEACH, PC 32548

ARTICLE III SHARES

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

1000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Thomas J. Risalvato 348 SW Miracle Strip Prwy #34 FOR Walton Beach, Fr 32548

ARTICLE V INCORPORATOR(S)

tion is(are):	ra-
Susan Lynne Doyle 256 Ewing Ct Fort Walton Beach, 71 32548	
Teresa Elaine Horton 118 Indian Trail Crestview, Fl 32536	
The undersigned incorporator(s) has(have) executed these Articles of Incorporation the second of the	is
Susan Rynne Doyle Signature Hoston Signature	

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:_	MCREDIBLE	MEMOFIES	Mc.
2. The name and address of the reg	istered agent and	office is:	
MOMAS)	1. (LISA/U4-	to.	
2118 51.1	(Name)	1 - 0	
740 300	Miracle S	Nip Vally	#34
(P.O.	. BOX <u>not</u> acceptable		•
FT. WAL	DN BEACH,	FL 325	48
	(City/State/Zip)		_
Having been named as registered ag above stated corporation at the place the appointment as registered agent to comply with the provisions of all st mance of my duties, and I am familiar as registered agent.	ent and to accept designated in thi and agree to act i	service of proce is certificate, I he n this caper and o	ss for the reby accept further agree
mance of my duties, and I am familiar as registered agent.	with and accept t	the obligations of	my position
Muusa. Pusalvas	0		AY 24 PAHASSEI
(Signature)			
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