POSOME ANSMER AN

98 JAN -9 PM 4:31

SECRETARY OF STATE TALLAHASSEE, FLORIDA Department of State Division of Corporations 800002395088--6 P. O. Box 6327 EFFECTIVE DATE -01/09/98--01030--011 Tallahassee, FL 32314 *****78.75 *****78.75 HNTHONY (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$78.75 \$70.00 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED SOLIMEND FROM: ANTHONY Name (Printed or typed) KissiMEE

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

Daytime Telephone number

P. Hall 514 1 2 1998

407-932-0390

ARTICLES OF INCORPORATION

FILED

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

ARTICLE I

The name of the corporation shall be:

SOLIMEND + ASSOCIATES /MC ANDONY

> PRINCIPAL OFFICE ARTICLE II

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

55 ST. ANDREWS

COURT

KISSIMMEE FLA 34759

SHARES ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and address of the initial registered agent is:

ANTHON SOLIMEND

55 ST. ANDREWS COUNT

KISSIMMEE FLA 34259

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ANTHONY SOLIMEND SS ST. ANDREWS COUT KISSIMMEE FLA 34759

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 c	orporation is:	ANTHOM	Solimento	+ ASSOCIATES	/vc
2. The name and address of the registered agent and office is:					
	ANTHONY	Solime (NAM	7 <i>1</i> 0		
	55 ST.	AWOREW ox or Mail Drop B	S COUNT BOX NOT ACCEPTABLE) BLE)	
	Kissimm E	e MA	34759 ATE/ZIP)		

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.

In the Jahreno 1/2/98 (SIGNATURE) (DATE)