TRANSMITTAL LETTER POOD STATE OF THE ED TO

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

99 JAN 11 PM 2:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: AMERICAN STRATEGIC ASSOCIATES, INC.

Enclosed is an original and one (l) copy of the articles of incorporation and a check for:

O \$70.00

%\$78.75

O \$122.50

O \$131.25

Filing Fee

Filing Fee & Certificate

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate
ADDITIONAL COPY REQUIRED

FROM: Todd Berger 810 63rd Avenue N. St. Petersburg, FL 33702

(813) 522-3070

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NOTE: Please provide the original and one copy of the ARTICLES OF INCORPORATION

P. Hall

JAN 1 3 1999

ARTICLES	OF INCORPOR	ATION
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FILED

- The undersigned incorporator, for the purpose of forming a corporation under the Florida JAN 11 PM 2:58

Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE
FLORIDA

ARTICLE I NAME

The name of the corporation shall be: AMERICAN STRATEGIC ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1135 South Pasadena, St. Petersburg, FL 33710.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One thousand at \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are: Todd Berger, 810 63rd
Avenue N., St. Petersburg, FL 33702

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Todd Berger, 810 63rd Avenue N., St. Petersburg, FL 33702

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119				
	12/3/198			
Signature/Incorporator	Date	1		

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 provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations the obligations of my position as registered agent

Signature/Registered Agent Date