

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

	GLIES 504	KING, IN					
(Proposed corporate	namo - must includo su	ffix)				
Enclosed is an origina	al and one (1) co	py of the articles o	f incorporation a	and a check			
for : [] \$70.00 Filing Fee	\$78.75	[] \$122.50	\$131.25				
riing ree	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate				
		Additional Cop					
FROM: EDWIN R. HEINECKE Name (printed or typed)							
16047 LINNEAL BEACH DR. Address							
A POPKA FL 30703 City, State & Zip							
		293 - 757) Telephone number	<u> </u>				
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION SEP-10 AND 10: 16:0

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:

FAGLES SOARING, INC.

ARTICLE II PRINCIPAL OFFICE

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

6047 LINNEAL BEACH DR. APOPKA, FL. 32703

ARTICLE III SHARES

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

-- 0 --

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

EDHIN R. HEINECKE 6047 LINNEAL BEACH DR. APOPKA FL 302703

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):

EDITIN R HEINECKET WICH LINNERU BEACH DR APOPPA FL 32703

Michael P. Heinecke 1266 SHE HER BOCK RD ORLANDO, FL 32825

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Signature

Signature

Signature

Signature

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

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.

۱.	The name of the corporation is:	EMC.	<u>. </u>	
2.	The name and address of the registered agent and office is:	- 1 1 1	SE SE 3	
	EDWIN R. HEINERYES	t in	- 13 - 13 - 13	• •
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	I.	3	•
	APUPKA, FL 32703 (CHY/STATE/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.

(SIGNATURE) 9/4/95 (DATE)