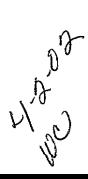
PO2000035281

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

300005168513--6 -03/26/02--01023--005 *****78.75 ******78.75

SUBJECT:	Francune (aver, inc.	,		
SUBJECT: CARCURE (QUEC, 1 nc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	a check for:		
•				1	
□ \$70.00	\$78.75	□ \$78.75	\$87.50	1	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of Status		
		ADDITIONAL CO		Ì	
ADDITIONAL COPY REQUIRED					
	Far land	- Cara			
FROM: TRANSCYNE AYER Name (Printed or typed)					
Name (Timed of typed)					
Name (Printed or typed) P. O. Box 634 Address					
- 1 0 40 0 0 7					
Old Town Florida - 32680 99 RAS					
Old lown Florida - 32680 SATATED City, State & Zip					
Sing, state at the					
352-542-9258					
Daytime Telephone number					

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



7	
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	OZ MAR
ARTICLE I NAME The name of the corporation shall be:	Conport
FRANCYNE CAYER, inc.	8: 13
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.O. Box 634, Old Town, Florida,	32680
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Real estate	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Francyne Cayer 1.0. Box 634 Old Town (F/orida)	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	·
Francyne Cayer HCZ BOX 2060, Pine Island Road Old Town, Florida 32680	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Francype Cayer Flo. Bar 634 Old Town, Florida 32 680 ***********************************	******
Having been named as registered agent to accept service of process for the above stated corpora certificate, I am familiar with and accept the appointment as registered agent and agree to act in	tion at the place designated in this this capacity
Signature/Registered Agent D	ate
The Manual Control of the Control of	. 26 12