N99000003178

TRANSMITTAL LETTER

SUBJECT: (Proposed corporate name - must include suffix) POPUBLE BEIGHTS	Div P. (partment of State vision of Corporations O. Box 6327 llahassee, FL 32314		gels, INC.	- · · · · · · · · · · · · · · · · · · ·	
(Proposed corporate name - must include suffix) PODD 28803585 -05/19/9901071009 ******78.75 *****78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 Filing Fee Filing Fee & Certificate of Status \$78.75	ÇI T	RIFCT.		. · · · · · · · · · · · · · · · · · · ·	<u>क्राल</u> ्या	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 Filing Fee Filing Fee & Certificate of Status \$78.75 Filing Fee Certificate of Status \$78.75 Filing Fee Certificate	50.	Dolle I.	(Proposed corpora	ate name - must include suffix)	
\$70.00 Filing Fee Filing Fee & Filing Fee & Filing Fee, Certificate of Status \$78.75 Filing Fee Filing Fee Certificate \$87.50 Filing Fee & Certified Copy & Certified Copy & Certificate				gr	-N5/19/99	01071009
Filing Fee & Filing Fee & Filing Fee, Certificate of Status Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate	Enc	closed is an original an	d one(1) copy of the article	es of incorporation and a ch	eck for:	_
ADDITIONAL COPY REQUIRED			Filing Fee & Certificate of	Filing Fee	Filing Fee, Certified Copy	
	* *]		i. u	ADDITIONAL COP	Y REQUIRED	
	ì					
FROM: MYRIAM J. WYNN Name (Printed or typed)		FROM: _	Name (Prin	nted or typed)	SECRI	
15023 SW 146 AVENUE ARRY OF THE TOTAL SECTION OF TH		1			HASSEE.	
Myriam GAVENIAMI, FL 33186 AUTHURIZATION BY PHONE TO CORRECT OF ILVI	AUTHORIZATION	JBY PHONE TO	MIAMI, FL City, St	- <u>33186</u> tate & Zip	STATE	0: 03
DATE 5-24-99 (305) 253-7878 DOC. EXAM BR Daytime Telephone number	DATE 5-2	4-99 _		7878	· · · · · · · · · · · · · · · · · · ·	1.2

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

ARTICLES OF INCORPORATION

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/Registered Agent