

TRANSMITTAL LETTER

PO0000001787

Department of State  
Division of Corporations  
P. O. Box 632  
Tallahassee, FL 32314

800003084388-4  
-12/30/99--01054-012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Gina Micalizio P.A.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Gina Micalizio  
Name (Printed or typed)

302 South Fremont Ave #1510  
Address

Tampa FL 33606  
City, State & Zip

813-258-0987  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 DEC 30 PM 2: 39

FILED

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

Handwritten initials and number 1-600

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation act, hereby adopts the following Articles of Incorporation.

Article I

The name of the corporation shall be Gina Micalizio P.A.

Article II

The principal place of business and mailing address of this corporation shall be 502 South Fremont Ave., #1510, Tampa, Fl. 33606.

Article III

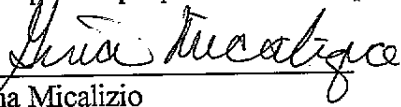
The number of shares of stock that this coporation is authorized to have outstanding at any one time is 100.

Article IV

The name and Florida street address of the initial registered agent are John Boik c/o Washington Mutual Finance, 8900 Grand Oak Circle, Tampa, Fl. 33637.

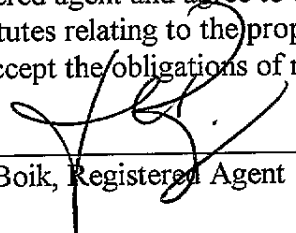
Article V

The specific purpose of this corporation is to provide legal services.

  
\_\_\_\_\_  
Gina Micalizio  
502 South Fremont Ave. #1510  
Tampa, Fl. 33606

12/28/99  
Date

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.

  
\_\_\_\_\_  
John Boik, Registered Agent

12/28/99  
Date

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99 DEC 30 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA