TRANSMITTAL LETTER ADDOOD 3300

OO FEB -2 PM 6:23

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

SUBJECT:	JUSTFOUXFUN, INC. (Proposed corporate name - must include suffix) 00312065 -02/02/00-0104E *****78.75 ***				
Enclosed is an origin	nal and one(1) copy of the articl	es 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		

FROM:	LINDA PFLUG					
TROM.	Name (Printed or typed)					
	3659 EDGEWOOD AVENUE					
	Address					
	FT. MYERS, FL 33916					
	City, State & Zip 941 693 - 1875					
	Daytime Telephone number					

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

Status

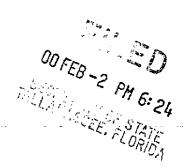
ADDITIONAL COPY REQUIRED

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	7	NA	ME
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The name of the corporation shall be: 10st foux fun, inc.



ARTICLE II PRINCIPAL OFFICE

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

3659 EDGEWOOD AVENUE FT. MIERS, FL. 33916

ARTICLE III SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LINDA PFLUG 3659 EDGEWOOD AVENUE FT. MYERS, FL 33916

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

LINDA PFLUG 3659 EDGEWOOD AVENUE ET. MYERS, FLORIDA

Signature/Incorporator

2/1/2000

(An additional article must be added if an effective date is requested.)

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 2/1/2000

Signature/Registered Agent