TRANSMITTAL LETTER Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 BOBS, INC SUBJECT: (Proposed corporate name - must include suffix)

500003141 -02/21/00--0

Enclosed is a	an original	and one(1)	copy of th	e articles of	incorporation	and a check for
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\$70.00	
Filing Fee	

\$122.50

□ \$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:	<u></u>	Phel	
		Name	(Printed or typed)

STATE

941-694, 1349 693.1446 Daytime Telephone number

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2000 FEB 21 PM 2: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 NAME The name of the corporation shall be:	
2 BOBS, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall 13344 ISLAND RD FT MYENS, FL 339 (MAILING) 13474 STATE RD 80 BOX 203	ios .
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have on 100 Shares of Common Stock having per share	
ARTICLE IV INITIAL REGISTERED AGENT AND STRE	EET ADDRESS
The name and Florida street address of the initial registered agent are: Robert L. Phelos.	
13344 ISLAND RD	
FT MYENS, FL 33905	
ARTICLE V INCORPORATOR	<u></u>
The <u>name and address</u> of the incorporator to these Articles of Incorporation	on are:
ROBERT WISE 5020 S.W. 2674 P	25410
Robert L. Phelas 13344 Island Rd	FT MYENS, FL 3390S
Kobeer L. Melpe	2/18/2000
Signature/Incorporator	Date

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

Having been named as registered agent and to accept service of p.	rocess for the above stated corporation at the place designated in this
certificate, I hereby accept the appointment as registered agent a	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

Date