000000018316

TRANSMITTAL LETTER

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



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

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

Jo-SMITH B. BRIZARD

Name (Printed or typed)

17727 - C STARFISH COURT

TAMPA, FL 33549

(813) 964 - 7372

Daytime Telephone number

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

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: SOUTH FLORIDA 1000 TALES
SOUTH FLORIDA 2000,IN量
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 17777-CSTARFISH COURT TAMPA, FL 33549
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100,000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: JO-SMITH B. BRIZARD 17777-C STARFISH COURT, TAMPA, FL 33549
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: \[\sum_{O} - S MITH \ \B. \ \BRIZARD \]
17727-C STARFISH COURT, TAMPA, FL 33549
John Brigard 2-13-00 Signature/Incorporator Date
EFFECTIVE DATE : MARCH 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
Signature/Registered Agents Date