POODOO 23419

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

SUBJECT:	STUDS PLUS, INC. (Proposed corpora	ate name - must include suff	ix) ,
		E	300003152098(-02/29/0001085008 *****87.50 *****87.50
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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: KENDRIK B. GORDON Name (Printed or typed)			
784 Terrace Road Address Address Address			
Dunedin, FL 34698			
	727-734-8625 Daytime T	elephone number	PH 3: 34 PF STATE EF, FLORID
2-1)			

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

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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: Studs Plus, Inc..

OO FEB 29 PM 3: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

784 Terrace Road Dunedin, Florida 34698

ARTICLE III

SHARES

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

100 shares.

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Kendrik B. Gordon 784 Terrace Road Dunedin, Florida 34698

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of

Incorporation are:

Kendrik B. Gordon

784 Terrace Road

Dunedin, Florida 34698

Kendrik B. Gordon/Incorporator

<u>z-28-2000</u>

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.

Kendrik B. Gordon/Registered Agent

Date

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SECRETARY OF STATE