P00000040884

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

700003216507--1 -04/20/00--01059--002 *****78.75 *****78.75

SUBJECT:	Beavertail of central Florida Inc.				
	(Proposed corporate name - must include suffix)				

Enclosed is an original	and one(1) copy	of the articles of in	ncorporation and a	check for:
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\$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 CO	PY REQUIRED

FROM:	Walter Schytte	
	Name (Printed of typed)	
	2909 Trentwood Blud. Address	SECRETARY DIVISION OF C OO APR 20
	<u>Orlando</u> FL -32812 City, State & Zip	OF STATE OR ATION
	(407) 851-5704	S SNO
	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.

The name of the corporation shall be: Beaver tail of Central Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2 909 Trentwood Blud. Orlando, FL 328/2

ARTICLE III SHARES

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

1,000,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

2999 Trentwood Blud Orlando, FL 32812

ARTICLE V *INCORPORATOR*

The name and address of the incorporator to these Articles of Incorporation are: walter Schytte

2909 Trentwood Blud Orlando, FL 32812

Signature/Incorporator

(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 Agent