Department Of State Division of Corporations 00 APR 27 PM 1: 23

SPECKETATIVE OF STATE

P. O. Box 6327	TALLAHASSEE, FLORIDA
SUBJECT: Proposed Corporate name -	Must include Suffix)
Enclosed is an original and one (1) copy of the articles of incorpor	ration and a check for:
\$70.00 Filing Fee	5000032263159 -04/27/0001035016
\$78.75 Filing Fee and Certificate of Status	******78.75 *****78.75
\$78.75 Filing Fee and Certified Copy*	_
\$87.50 Filing Fee, Certified Copy and Certificate	of Status*
*ADDITIONAL COPY REQUIRED	·
FROM: Name (Printed or Typed)	aga
3707 Qual Ridge DV.	. .
Boynton Blach, FL 33+36 City, State and Zip Code	mar en
561- 138/1513 Daytime Phone Number	and the second s

NOTE: Please provide the original and one (1) copy of the articles.

ARTICLES OF INCORPORATION

FILED

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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BEUNETANT OF STATE TALLAHASSEE, FLORIDA

ARTICLE 1 - NAME

The name of the corporation shall be:

Dawn Siebold, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

3707 Quail Ridge Dr. Boynton Beach, PC 33436

<u> ARTICLE III - SHARES</u>

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

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dawn Siebold 3701 Quau Ridge Dr. Boynton Beach, Pc 33434

ARTICLE V - INCORPORATOR

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

3707 Quay Ridge Dr. Boynton Beach, FC 33436

Signature/Incorporator

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.

Signature/Registered Agent

Date

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