PERIODE S3719

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

SUBJECT:	<u>3 E</u>		ThE /Villen.	
Enclosed is an	ı origina	al and one(1) copy of the article	20:	0003267462; -05/25/0001108001 ******87.50 ******87.50
□ \$70 Filing		\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	S87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED
FI	ROM: _	40 68	Shaw Shaw inted or typed) Gaynell Coddress	
		407-	State & Zip 299-6026 Rephone number	da 32811

S. Thompson JUN 0 5 2000

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:

S; H YARDS OF THE MILLENIUM, CORP.



ARTICLE II PRINCIPAL OFFICE

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

4068 GAYNELL COURT ORLANDO, FLORIDA 32811

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

BARBARA SHAW 4068 GAYNELL COURT OLLANDO, FLORIDA 32811

ARTICLE V INCORPORATOR

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

BARBARA SHAW 4068 GAYNELL COURT ORLANDO, FLORIDA 32811

Signature/Incorporator

-/ 9/ 200 Date

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(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

Date