POOCESMASSHIP

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

SUBJECT:	HALA MIKHAEL INVESTI (Proposed corpo	MENT, INC. rate name - must include su	uffix)
		90	000032708 -05/30/00011 ******78.75
Enclosed is an origin	al and one(1) copy of the article	s 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 PY REQUIRED
FROM:	HALA MIKHAEL		
	5661 VINELAND	inted or typed) RD. ddress	00 MAY 30 SECRLIAN TALLAHASS

FL

32819

City, State & Zip

Daytime Telephone number

Orlando,

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

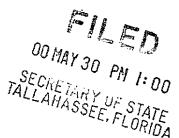
AFTICLES OF INCORPORATION

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

The name of the corporation shall be:

HALA MIKHAEL INVESTMENT, INC.



ARTICLE II PRINCIPAL OFFICE

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

5661 VINELAND RD. ORLANDO, FL 32819

ARTICLE III SHARES

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

200 SHARES NO PAR VALUE

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

HALA MIKHAEL 5661 VINELAND RD. ORLANDO, FL 32819

ARTICLE V INCORPORATOR

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

HALA MIKHAEL 5661 VINELAND RD. ORLANDO, FL 32819

Signature/Incorporator

Date

(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