P000000057112

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

SUBJECT: _DAN NENDZA INC._

(Proposed corporate name - must include suffix)

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

❑ $87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _DAN NENDZA_

Name (Printed or typed)

200003277112---1
-06/05/00--01115--026
*****78.75 *****78.75

133· EAST WALNUT ST

Address

AVON PARK FL 33825

City, State & Zip

_(863) 452-5478_

Daytime Telephone number

00 JUN -5 PM 4: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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

T BROWN JUN 1 3 2000

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: *DAN NENDZA INC.*

ARTICLE II   PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
133 EAST WALNUT ST AVON PARK FL 33825

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:
133 EAST WALNUT ST AVON PARK FL 33825

DAN NENDZA

ARTICLE V   INCORPORATOR
The **name and address** of the incorporator to these Articles of Incorporation are:
DAN NENDZA 133 EAST WALNUT ST AVON PARK FL 33825

_____   _____*5/30/00*_____
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

_____   _____*5/30/00*_____
Signature/Registered Agent   Date