P0000059348

TRANSMITTAL LETTER

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

400003286044--3 -06/13/00-01006-021 ****122.50 *****78.75

The Maste	ers Resource, Inc	
SUBJECT:(Pro	posed corporate name - must include suffix)	6
Enclosed is an original a	nd one (1) copy of the articles of incorporation	and a check
for: [] \$70.00 [\$78.75	SECRETARY GHVISION OF C
FROM:	Clifford E. Hooper	
	Name (printed or typed)	PH 2:
	195 S. Westmonte Dr Suite C	20
	Address	
	Altamonte Springs, Fl 32714	
_	City, State & Zip	
	407-862-1970	

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

Daytime Telephone number

ARTICLES OF INCORPORATION DO JUN 12 PM 2: 20

OF

The Masters Resource, Inc

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

The Masters Resource, Inc.

ARTICLE II PRINCIPAL OFFICE

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

195 S. Westmonte Dr. Suite C

Altamonte Springs, FL 32714

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Clifford E. Hooper
195 S. Westmonte Dr. Suite C
Altamonte Springs, FL 32714

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Clifford E. Hooper

195 S. Westmonte Dr. Suite C
Altamonte Springs, FL 32714

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:_	The	Masters	Resource,	Inc	<u></u> .	
						•	
	_	· · · · · ·					
2.	The name and address of the reg	istered	l agent and	office is:		,	
	•		_			o o	
Clifford E. Hooper						NVISI IVISI	_
	(Name)					VISION OF JUN	
	195 S. Westmont	e Dr	Suite	С		12	£
	(P.O. Box <u>not</u> acceptable)					PH RPOP	_
Altamonte Springs, FL 32714						TATE RATION 2: 20	
(City/State/Zip)						TENS 20	_

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)

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June 7, 2000