PROCESSOR SOR

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

-06/22/00--01041--002 *****78.75 *****78.75 SUBJECT: (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 \$78.75 **3** \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Elizabeth BORQUEZ

Name (Printed or typed) 2612 Cedarglen dr. 727 - 733 - 8633 Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Options Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2612 cedarglen dr Dunedin, FL 34698

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

15,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

REGISTERED AGENT ARTICLE VI

The name and Florida street address of the registered agent is:

Elizabeth Borquez 2612 Cedarg len dr. Dunedin, FL. 34698

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

2012 cedarglen dr.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

6-17-00

FILED

00 JUN 22 PM 12: 43

SECRETARY OF STATE ALLAHASSEE. FLORIDA