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

SUBJECT:	STRACENER Y (PROPOSED CORPORA	- Associates TENAME-MUSTINCLI	した。 VDE SUFFIX)			
70003289787——1 -06/14/0001110011 ******87.50 *****87.50 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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM: BOYD STRACENER Name (Printed or typed)						
733 Robin CT. BUSINESS						
KISSIMMEE FL 34759 City, State & Zip						
	863-427 Daytime Te	- 40 83 lephone number	2 /	STATE		
624 600-15639						

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

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

FILED SCORETARY OF STATE DIVISION OF CORPORATIONS

00 JUN 27 PM 12: 32

June 20, 2000

BOYD STRACENER 733 ROBIN COURT KISSIMMEE, FL 34759

SUBJECT: STRACENER & ASSOCIATES, INC.

Ref. Number: W00000015639

We have received your document for STRACENER & ASSOCIATES, INC.. However, the document has not been filed and is being returned for the following:

The document must have original signatures.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6973.

Claretha Golden Document Specialist

Letter Number: 300A00034960

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 6	21, F.S. (Profit)	
ARTICLE I NAME  The name of the corporation shall be:	GACENER & ASSOCIA	ates, Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	733 ROBINGT KISSIMMEE, FL	
ARTICLE III PURPOSE  The purpose for which the corporation is organized		>4759
ARTICLE IV SHARES The number of shares of stock is: /, 00	00	SECRETARY OF COLDIVICION OF COLDIVIC
ARTICLE V INITIAL OFFICERS/DIRECT	ORS (optional)	구 주의
/TTI () 1 11 ()		OF STATE PN 12: (
DOYD	STRACENER	32 EF
733 R	PODIN CT.	, 5
ADTICLE VI DECICTEDED ACENTS	IMMEE, FL34759	
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the regist	· · · · · · · · · · · · · · · · · · ·	
The name and Provide Street address of the register	tered agent is: Boyd Str	<b>CACENTIZ</b>
	733 Ros	SIN CT.
	-	E, FL3475
ARTICLE VII INCORPORATOR	<u></u>	2, 563475
The <u>name and address</u> of the Incorporator is:	BOYD STRACENER	
`	733 ROBINGT.	
j	K155 MAEE FL 34	759
*********************************	**********	*************

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

Signature/Incorporator

 $\frac{6/iz/oo}{\text{Date}}$