Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL. 32314 OOJUN 26 AM 9:42

SECRETARY OF STATE
ALLAHASSEE FLORIDA

			CONSCIULTIALCITACO	
cim mcT.	THOMAS	WINTER NHEIMER (Proposed corporate name – must include su	<u> </u>	•
Sopreci.	7 77 - 7	(Proposed corporate name - must include su	ffix)	

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

300003304253--9 -06/26/00--01071--018 *****78.75 ******78.75

FROM:	THOMAS A WINTERNHE IM ER Name (Printed or Typed)	- ;
····	209 E. 5TH ST. Address	-
	SANFORD FL 3277/ City, State & Zip	_
	407- 302 - 8795 Daytime Telephone Number	.

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

BETLEN ASSOCIATES, INC, PROPRIETARY Page 17 of 53

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Busine hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be: THOMAS WINTERNHEIMER CONSUL

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 209 E. 5 TH. ST.

SANFORD, FL 32771

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

*100*0

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

THOMAS A. WINTERNHEIMER 209 E. 5TH. ST.

SANFORD, FL 32771

INCORPORATOR_

The <u>name and address</u> of the incorporator to these Articles of Incorporation are: ThomAs A. WINTERWHEIMER 209 E. 574, ST. SANFORD FL 32771

Signature/Incorporator

(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 coporation 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