Poctor 124/

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

\$70.00

□ \$78.75

500003320715----07/12/00--01031--004 ******87.50 ******87.50

\$87.50

SUBJECT:	Arista	Enterpri	ses, Inc.	
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

Filing Fee & Certificate of Status	Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
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	& Certificate of Status Briggitte Col Name (Pr 4400 Harbour Orlando FL City, 5 (407) 671-789 Daytime Te	& Certificate of Status & Certified Copy ADDITIONAL CO Briggitte Coleman Name (Printed or typed) H400 Harbour Lights CT. Address Orlando FL 32817 City, State & Zip (407) 671-7890/Mobil (407) Daytime Telephone number	& Certificate of Status & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Briggitte Column Name (Printed or typed) H400 Harbour Lights CT. Address Orlando FL 32817 City, State & Zip (407) 671-7890/Mobil (407) 928-1109



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 17, 2000

BRIGGITTE COLEMAN 4400 HARBOUR LIGHTS CT. ORLANDO, FL 32817

SUBJECT: ARISTA ENTERPRISES, INC.

Ref. Number: W00000017748

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 600A00038930

Please send me a farted copy of the articles to send to the bank so that open a business acct. 407 671-7890

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: Hroup Arista , Drc.	OO JI
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 4400 Harbour Lights CT. Orlando FL 32817 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Property Manage	JUL 24 PM 2: 15 LAHASSEE FLORIDA Ment
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Briggitte N. Coleman - President Darrell Coleman - Vice President Briggitte N. Coleman - Scretary ARTICLE VI REGISTERED AGENT The name and Florida street address registered agent is:	
Briggitte N. Coleman 4400 Harbour Lights CT Orlando FL 33817 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Briggitte N. Coleman 4400 Harbour Lights CT Orlando FL 32817	
The t	****************************** orporation at the place designated in this ct in this capacity
Signature/Registered Agent	7 8 60 Date
Signature/Incorporator	7 8 50 Date