## TRANSMITTAL LETTER

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

SUBJECT: ADELQUIST CARINETELY THE (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	4000034 -10/26/ *****7 check for :	141024 0001093001 0.00 *****70.00	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL COI	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	OUE S. ( Name (Pr)	, .	TALLAHASSI	FILI 00 0CT 26	
	JACKSONVI L City, S GOU-721 Daytime Tel	LE FL 3224 tate & Zip  -8020 tephone number	HORIDA PATECINE DATE	ME 8: 56	

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

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ARTICLES OF INCORPORATION	VII Effective
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	1-1-2001
The name of the corporation shall be:	
Δ	
Apelquist Casinetey Inc.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	,LCC
7411-1 SILVER LAKE TERRAG	DO OCT 26 SECRETAGE ALLAHASS
JACKSONVILLE, FL 32216	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	- Sq <b>≥ U</b>
Customizes Casinetey	OF STATE OF STATE
ARTICIE IV CHAREC	
The number of shares of stock is: 100 Shales	
100 Shalls	
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):	
OLLIE Stephon GeAdy - OWNER / PRESIDENT 2733 RS BAILEY DR. E / JAX, FL 3	dent
2733 RS RAILEY NO. F / TOX E/ ?	27.46
Diagram will your for	
DIANE M. VICKERS / TEEASURER 2720 RS BAILEY DRE/ JAX, FL 3224	//
ARTICLE VI REGISTERED AGENT	. G
The name and Florida street address of the registered agent is:	-
Collife Charles Considered agent is.	
OLLIE Stephon GRADY 2733 RS BAILEY DRE	•
2133 ES BAILEY BE C	
JACKSONVILLE, ÉL 32246	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	· · · · · · · · · · · · · · · · · · ·
Ollie Stephon GRADY	
2733 RS BAILEY DRE	
JACKSOnville, FC 32246 ***********************************	***********
Having been named as registered agent to accept service of process for the above state	ed cornoration at the place designated in this
certificate, I am familiar with and accept the appointment as registered agent and agre	e to act in this capacity
()()()()()	10 010 00
Signature / Decistored A co	10-24-00
Signature/Registered Agent	Date
1) 1/1/1/1/1	Date 10-24-00
Signofura /Incomparation	
Signature/Incorporator	Date