## TRANSMITTAL LETTER

## 000101355

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

SUBJECT: $\gamma\gamma$	Proposed corpdi	uity Venture the name-must include suffix	s, Inc.	_
		40	<b>300034</b> 42 -10/27/00 *****87.50	23547 -01062002   *****87.50
Enclosed is an origina  \$70.00 Filing Fee	l and one(1) copy of the article  \$78.75 Filing Fee & Certificate of Status	s of incorporation and a compart of the state of the stat	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Molly Mart Name (Pr	ι N inted or typed)	<del></del> -	
	2 Knowles		TALLAH	00 00
		. 3499L State & Zip 3-8248 elephone number	ASSEE, FLORID	FILED 00 0CT 27 PM 2: 03
			D	

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

ARTICLES O	F INCORPORATION
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ARTICLES OF INCORPORATION			
The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.	SEGRE TALLAH	00 OCT 27	
ARTICLE I NAME	ASS Mass	$\sim$	77
The name of the corporation shall be:		70	FILED
Mid-South Equity Ventures, Inc.  ARTICLE II PRINCIPAL OFFICE	FLORIDA	PM 2: 04	
The principal place of business and mailing address of this corporation shall be:			
2 Knowles - RQ  Stuart, FL 34994  ARTICLE III 'SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any on	ie time	is:	
500 Shares No gar Value			
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS			
The name and Florida street address of the initial registered agent are:			
Molly Martin 2 Knowles Ra.			
Studyt, GC. 34996 ARTICLE V INCORPORATOR			
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:			
Molly Martin 2 knowles Rp.			
Stuart, Fr. 3499L			

(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 corporation 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

Mally Martin
Signature/Registered Agent