Department of State Division of Corporar P. O. Box 6327 Tallahassee, FL 323	1000 j	ITAL LETTER	67 APP	ADVED	
SUBJECT: DO FONTING NAME - MUST INCLUDE SUFFIX)					
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )					
Enclosed is an original \$70.00 Filing Fee	al and one(1) copy of the article \$78.75 Filing Fee & Certificate of Status		■ \$87.50 Filing Fee, Certified Copy & Certificate of Status	7652 004088 *****78.75	
FROM	: Betty F	ields			
4703 Autumn Woods Way					
	(850) 414-	State & Zip <u>5343</u>	230+ DIVISION OF	Arean Park	
	Daytime Te	elephone number	OO DEC -8 PN 4: 29 DIVISION OF CORPORATION		

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

B

12,8

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	APPRQVED
ARTICLE I NAME The name of the corporation shall be:	TO DEC
Da' Famili, Inc.	SECRETARY 4: 43
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	TALLAHASSEE, PLORIDA
4703 Autumn Moods Way  ARTICLE III PURPOSE  ARTICLE III PURPOSE  ARTICLE III PURPOSE  ARTICLE III PURPOSE	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
The purpose for which the corporation is organized is:  Establish various types of	pusinesse.
ARTICLE IV SHARES The number of shares of stock is:	and the second of the second o
ARTICLE V INITIAL OFFICERS DIRECTORS (options) The name(s) and address(es):	<u>al)</u> Version de la companya della companya della companya de la companya della c
•	
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:	and the second of the second o
Q + Falds	
4703 Autumn Woods Way ARTICLE VII PORTORATOR	
The name and address of the Incorporator is:	
801 Peggy Drive 32311	**********
**************************************	ve stated corporation at the place designated in this ad agree to act in this capacity
Betty Sulds	12/6/00 Date
Signature/Registered Agent	12/8/00 Date
Signature/Incorporator	