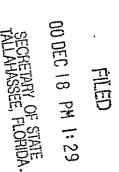
P00000 116426

TRANSMITTAL LETTER

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314



SUBJECT: (proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$70.00.

FROM:

Name Sang

4527 Brincess Labeth Ct

Address

12/19/00-01011-005 -12/19/00-01011-005 ******70.00 ******70.00

City, State, & Zip

(904) 260-1864.

Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

ARTICLES OF INCORPORATION

OF Sleve S. Long Ba

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following.

Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall

be:

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Sherry Long 4527 Brincess Labeth Ct Jacksonville, fl 3,2258

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es of Incorporation is(are):) of the incorporator(s) to these Articles
Sherris S.c. 4527 Brince	Long, se Labeth Ct. Let 32258
Jacksonville	7 Fl 32258
•	
The undersigned has (have) executed day of We comber	ed these Articles of Incorporation this
	Sherry Jong Pres. Signature/Title
	Signature/Title
	Signature/Title .
	Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

	The name of the corporation is: Serry S. Long
•	The name and address of the registered agent and office is:
_	Shewy S. Long
	(NAMÉ)
	4527 Princes Labeth Ct.
	(POST OFFICE BOX NOT ACCEPTABLE)
,	Oacksonville Il 32258
	(CITY/STATE/ZIP)
	SIGNATURE Sherry S. Lon
	Corporate officer) TITLE resident
	DATE 12-14-00

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION OF 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

DATE 12-14-0

ODEC 18 PM 1:29