P01000002218 TRANSMITTAL LETTER

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Subject:	Bob Ryan Associates, Inc.	
~ any cour	(Proposed corporate name - must include suffix)	
	re an original and one (1) copy of the articles of incorporation and a che Florida Department of State for:	eck
X \$ 7	0.00 Filing Fee \$\&\ Certificate of Status	EFFECTIVE DATE
From:	Bob Ryan	
	Name (Printed or typed)	
	273 N. Lake Jessup Avenue	
	Address	
	Oviedo, FL 3275 5	
	City, State & Zip	
	(407) 321-2700	
	Daytime telephone number	

Send original and one copy of the articles to:

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (850) 487-6052

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*****70.00 *****70.00

ARTICLES OF INCORPORATION FUN
BOB RYAN ASSOCIATES, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business of Corporation Act, hereby adopts the following Articles of Incorporation.

BOB RYAN ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

273 N. LAKE JESSUP AVENUE OVIEDO, FLORIDA 32765

EFFECTIVE DATE

ARTICLE III SHARES

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

1,000 SHARES OF COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

BOB RYAN 273 N. LAKE JESSUP AVENUE OVIEDO, FLORIDA 32765

ARTICLE V EFFECTIVE DATE OF THE CORPORATION

The effective date for the new corporation shall be:

JANUARY 1, 2001

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DONALD ROBERTS 374 MORNING GLORY DRIVE LAKE MARY, FLORIDA 32746

Signature of Incorporator

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

Signature of Registered Agent