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(SAMPLE LETTER OF TRANSMITTAL)

FILED

DATE January 8, 2001 01 JAN 10 PM 3:15

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Neon Delights, Inc.  
(Name of Corporation)


Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

700003531887--5  
-01/10/01--01083--019  
\*\*\*\*\*78.75 \*\*\*\*\*78.75



Thomas R. Finn  
(Individual's Name)

Neon Delights, Inc.  
(Name of Corporation)

MAILING ADDRESS OF CORPORATION		
PO Box 1718		
New Port Richey, FL 34656-1718		
PHONE		
( 727 )	842-8842	
Area Code	Number	Ext.

# ARTICLES OF INCORPORATION

of

**Neon Delights, Inc.**

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

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TALLAHASSEE, FLORIDA

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

**Neon Delights, Inc.**

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

**Seven Thousand Five Hundred (7,500)**

The corporation is authorized to issue \_\_\_\_\_ shares of common stock, par value \$ **1.00** per share.

## ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	<b>5949 Tennessee Avenue</b>		
CITY	<b>New Port Richey</b>	FLORIDA	ZIP <b>34652</b>

Mailing address, if different

STREET ADDRESS	<b>Same as above</b>		
CITY		FLORIDA	ZIP

## ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

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

NAME	<b>Thomas R. Finn</b>		
ADDRESS	<b>5949 Tennessee Avenue</b>		
CITY	<b>New Port Richey</b>	FLORIDA	ZIP <b>34652</b>

## ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have One (1) director~~s~~ initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name~~s~~ and address~~s~~ of the initial director~~s~~ of the corporation <sup>is</sup> ~~are~~ as follows:


NAME	Thomas R. Finn		
ADDRESS	5949 Tennessee Avenue		
CITY	New Port Richey	STATE	Florida ZIP 34652
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

## ARTICLE VIII - INCORPORATORS

The name~~s~~ and address~~s~~ of the incorporator~~s~~ signing these Articles of Incorporation <sup>is</sup> ~~are~~ as follows:

NAME	Thomas R. Finn		
ADDRESS	5949 Tennessee Avenue		
CITY	New Port Richey	STATE	Florida ZIP 34652
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator~~s~~ <sup>has</sup> ~~have~~ executed these Articles of Incorporation this 8th day of January, 2001.

  
Thomas R. Finn (Signature)

\_\_\_\_ (Signature)

\_\_\_\_ (Signature)

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Neon Delights, Inc.**

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 5949 Tennessee Avenue

New Port Richey, FL 34652

has named Thomas R. Finn

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.



Thomas R. Finn

(Signature)

01/08/01

(Date)