DO/OOOOS 05 9 (SAMPLE LETTER OF TRANSMITTAL)

DATE Wanuary: 830200131 01 JAN 10 PM 3:15

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

TALLAHASSEE, FLORIDA

P.O. Box 6327
Fallahassee, FL 32314
Re: Neon Delights , Inc.
(Titale of Experience)
Gentlemen:
Enclosed please find the original and one copy of the Articles of Incorporation, together with my
heck 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
Very truly yours91/10/019108301: *****78.75 *****78.
. —
thishtim
Thomas R. Finn
(Individual's Name)
Noon Dolinhto Inc
Neon Delights, Inc. (Name of Corporation)
MAILING ADDRESS 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	
<u> </u>	Neon Delights, Inc.	OI JAN 10 PM 3: 16
	(name of corporation)	3:16
The undersigned acting as the incorpo e following articles of incorporation for so	rators of a corporation under the Florida Busir uch corporation:	ness Corporation Act, adopt(s)
	ARTICLE I - CORPORATE NAME	
The name of the corporation is:		
	Neon Delights, Inc.	
	ARTICLE II - DURATION	
This corporation shall exist perpetuall	ly unless dissolved according to Florida law.	
	ARTICLE III - PURPOSE	
The corporation is organized for the pnited States and the State of Florida.	ourpose of engaging in any activities or busines	ss permitted under the laws of the
Seven T The corporation is authorized to issue	ARTICLE IV - CAPITAL STOCK Thousand Five Hundred (7,500) shares of common stock, par value	ue \$ 1.00 per share.
	ARTICLE V - INITIAL PRINCIPAL OFFICE pal office and, if different, the mailing address	s is:
STREET ADDRESS 5949 Tennessee	Avenue	
CITY New Port Richey	FLORIDA	ZIP 34652
Mailing address, if different		
STREET ADDRESS Same as above		
CITY	FLORIDA	ZIP
.,	VI - INITIAL REGISTERED OFFICE ANL	
The street address of the initial re	gistered office and the name of the initial	registered agent at the office is
NAME Thomas R. Finn		

FLORIDA

ZIP 34652

ADDRESS

CITY

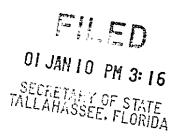
5949 Tennessee Avenue

New Port Richey

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corp ther increase Idressex of th	one One	by the By-Laws, but shall never be less than or ion see follows:	number of directors may be ne (1). The name and
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
NAME ADDRESS	Thomas R. Finn 5949 Tennessee Avenue		
CITY	New Port Richey	STATE Florida	ZIP 34652
NAME	New TOTE Addition		
ADDRESS			
CITY		STATE	ZIP
NAME	-		
ADDRESS			
CITY		STATE	ZIP
The undersi	has	uted these Articles of Incorporation this	8th
lay of		, psyx 2001	
<u> </u>		This rotain	· · · · · ·
		Thomas R. Finn	(Signature)
			(Signature)
			(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



Neon Delig	ghts, Inc.
(name	of corporation)
rursuant to Florida Statutes Sections 48.091	and 607.0501, the following is submitted:
he above corporation, organized under the l	laws of the State of Florida with its registered office
s indicated in the Articles of Incorporation	
5949 Tennessee Avenue	the state of the s
New Port Richey, FL 34652	
as named Thomas R. Finn	
ocated at the aforesaid address, as its registe	ered agent to accept service of process within this
tate.	
,	
laving been named as registered agent and t	to accept service of process for the above stated
orporation at the place designated in this cer	rtificate, I hereby accept the appointment as regis-
ered agent and agree to act in this capacity. I	I further agree to comply with the provisions of all
atutes relating to the proper and complete p	performance of my duties, and I am familiar with
nd accept the obligations of my position as	registered agent.
Two Minn	
homas R. Finn	01/08/01
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