TRANSMITTAL LETTER

P0100062530

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

Tallanassee, FL 3231	T			
SUBJECT:	DES191 (Proposed corpora	Nated Diziv	ing team	INC.
		30		339 63014 *****87.50
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a cl	heck for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	HAROLd T. Sc.	Printed or typed)	O1 SEC	
	422 S. CeNt	Ral ave. Address	JUN 21 AM RETARY OF S AHASSEE, FL	
,	A POPKA, FI	A, 32'10-5 y, State & Zip	STATE STATE LORIDA	0
AUTHORIZATION BY PH CORRECT DATE DOC. EXAM BC	GAVE	Telephone number	OCK JUN 2 6 2001	i

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

WOI-14556

ARTICLES OF INCORPORATION

ARTICLE I

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

The name of the corporation shall be: Designated Drivein	19 team INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: H21 S-Central ave. Aforka, Fla-32703	
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at an 1000	y one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRE	<u>ess</u>
HAROLD Thomas Scott HAROLD Thomas Scott HOPKA, FI. 32703 ARTICLE V INCORPORATOR	FIL 01 JUN 21 SECRETARY TALLAHASSEE
The name and address of the incorporator to these Articles of Incorporation are: Handle Thomas Scall 422 8. Central auc - Apopka, Fla. 32703	AM 80 OF STATE
Harold J. Scott 6-18- Signature/Incorporator Date	0 /

.(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent