POIOOOO81369

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 ORPORATE NAME - MUST INCLUDE Enclosed is an original and one(1) copy of the articles of incorporation and a check for : □ \$78.75 \$87.50 □ \$78.75 **2** \$70.00 Filing Fee Filing Fee, Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED

(850) 575 - 5788 Daytime Telephone number

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



	ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
	ARTICLE I NAME The name of the corporation shall be:
	ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3212-A West Tennessee Street Bldg. A Tallahassee, Flz 32304 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and all Lawful business
	ARTICLE IV SHARES The number of shares of stock is:
	ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Wade Jones 3212-A==West Tennessee Street Bldy A, Tullwhussee, F12 32304
	ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Wade Jones 3212-A West Tennessee Street, Bldg A Tallahassee, F12 32304 ARTICLE VII INCORPORATOR
	The <u>name and address</u> of the Incorporator is: Wade Jones 3212-A West Tennessee Street, Bldy A Tallahassee FTZ 32304
	Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this
Š.	Signature/Registered Agent Bate
4	Signature/Incorporator Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Signature/Registered Agent Date Date
	- But f