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

200004622322--6 -10/03/01--01081--001 *****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee **№ \$78.75**

Filing Fee

& Certificate of Status

□\$78.75

Filing Fee

\$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

Daytime Telephone number

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

10-4-01

FILED

ARTICLES OF INCORPORATION

01 OCT -3 PH 3: 13

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

DANIEL L. DAMMYER

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME	
The name of the corporation shall be:	<u> </u>
Tean Moster of Jack	conville. Inc.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this of	corporation shall be:
20 50 loth of Doorf	ied 36n, 1-1a 3344
ARTICLE III SHARES	
The number of shares of stock that this corporation is author	rized to have outstanding at any one time is:
_	•
	
ARTICLE IV INITIAL REGISTERED AGENT	AND STREET ADDRESS
The name and Florida street address of the initial registered a	=
Uneryl Hoshagen a	950 10th 5t
<u> </u>	Ad, Fla 33441
ARTICLE V INCORPORATOR	())
The name and address of the incorporator to these Articles	of Incorporation are:
tabent then agen and kirling in	
Juan Horagen Deld Flag	33441
AL + Gran	
Mary	1001
Signature/Incorporator	Date

(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

Date