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TRANSMITTAL LETTER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 21, 2001

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P. O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

200004628362--6  
-10/09/01--01023--016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

TOSCANO, INC.

SUBJECT: TOSCANO, INC.

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF  
INCORPORATION AND OUR CHECK FOR \$78.75

FROM: WALTER PARSONS  
1122 N. MAIN STREET, STE. B  
KISSIMMEE, FLORIDA 34741  
(407) 846-2934

C. BLALOCK OCT 10 2001

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
**TOSCANO, INC.**

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING  
A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION  
ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF  
INCORPORATION.

**ARTICLE I**  
**NAME**

THE NAME OF THE CORPORATION SHALL BE: TOSCANO, INC.

**ARTICLE II**  
**PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS  
CORPORATION SHALL BE: 1122 N. MAIN STREET, STE. B  
KISSIMMEE, FLORIDA 34741

**ARTICLE III**  
**SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS  
AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: TEN  
THOUSAND (10,000.)

**ARTICLE IV  
DIRECTORS**

THIS CORPORATION SHALL INITIALLY HAVE ONE (1) DIRECTOR:

WALTER PARSONS  
1122 N. MAIN STREET, STE. B.  
KISSIMMEE, FLORIDA 34741

**ARTICLE V  
INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

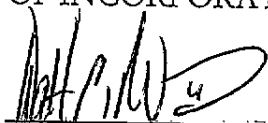
WALTER PARSONS  
1122 N. MAIN STREET, STE. B.  
KISSIMMEE, FLORIDA 34741

**ARTICLE VI  
INCORPORATOR**

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

WALTER PARSONS  
1122 N. MAIN STREET, STE. B.  
KISSIMMEE, FLORIDA 34741

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 21<sup>ST</sup> DAY OF SEPTEMBER, 2001.

A handwritten signature in dark ink, appearing to read 'Walter Parsons', is written over a horizontal line.

WALTER PARSONS

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**CERTIFICATE OF DESIGNATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT/REGISTERED OFFICE**

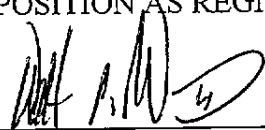
PERSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS: TOSCANO, INC.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

WALTER PARSONS  
1122 N. MAIN STREET, STE. B.  
KISSIMMEE, FLORIDA 34741

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.



WALTER PARSONS  
SEPTEMBER 21, 2001