P01000104245

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

SUBJECT: <u>ℓ</u> €	NIVAL FLOYING	TE NAME - MUST INCL	OF BellVI UDE SUFFIX)	iew INC.
Enclosed are an orig	rinal and one (1) copy of the ar	icles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: _ <u>~</u>	John m fi Name	(Printed or typed)	00004655 -10/26/01- ******78.75	-01053006
- -	Edge WATER City, Baba 195 Daytime T	State & Zip	134/	SECRETARY OF TALLAHASSEE, I

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:
CENTRAL Florida Mobility of Bellusew INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 12130 South Hw 441 Bellusew Fl 34420
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Do bus, Ness with The Coverment
ARTICLE IV SHARES The number of shares of stock is: 2,000 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): 3 5 5 6 7 7 7 7 7 7 7 7 7
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: JOHN PRAIEN HI9 SEA HAWK CT Edgewater Fl 32141
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: JOHN PrATEN 412 SEA HAWK CT. EdgeWATEN Fl 32141

Signature/Registered Agent Date Date Date Date

Signature/Incorporator