## TRANSMITTAL LETTER

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

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(Proposed corporate name - must include suffix)

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

\$70.00 Filing Fee

Filing Fee

\$122.50

\$131.25

Filing Fee Filing Fee, & Certified Copy

& Certificate

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Southwest Professional Services of South Florida, Inc. Name (Printed or typed)

> 13571 McGregor Blvd. #22 Address Fort Myers, Fl. 33919

> > City, State & Zip

941-481-4444

Daytime Telephone number

G. BULLOCK DEC 0 6 2001

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



## ARTICLES OF INCORPORATION

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

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

DE-BERTI ASSOCIATES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3524 PALM BEACH BLUD FORT MYERS, FL 33916

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

SOUTHWEST PROFESSIONAL SERVICES OF SOUTH FLORIDA, INC. 13571 MCGREGOR BLVD. #22

FORT MYERS FL 33919.

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

VINCENT BERTUNA 3524 PALM BEACH BLUD FORT BYERS, FL 33916

Signature/Incorporator

21/01

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

Southwest, Professional Services of South Florida, Inc.

Signature/Registered Agent
Mitchell Stovring

Date