FILED

02 FEB 14 PM 12: 06

SECRETARY OF STATE TALLAHASSEE FLORIDA

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

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

\$70.00

X \$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

Name (Printed or typed)

435 S. RIDGEWOOD AVE. #210

Address

DAYTONA BEACH, FLORIDA 32114

City, State & Zip

(904) <u>255-54</u>54

Daytime Telephone number

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

* MATTE FEB 19 2002

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.

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Shoe	Repair	SECRETARY OF STATE TALLAHOSSEE FLORIDA
	*	•
	Shoe	Shoe Rapair

ARTICLE II PRINCIPAL OFFICE

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

435 S. RIDGEWOOD AVE., #210 DAYTONA BEACH, FLORIDA 32114

ARTICLE III SHARES

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

AUTHORIZE 10,000 @ \$1.00 PAR VALUE

ARTICLE IV	INITIAL REGIS	STERED AGENT A	ND STREET AD.	<u>DRESS</u>	
The name and Flor	ida street address of	the initial registered age	ant are:		
(raig A;	McClint	ock		
1	201 G. 21		- 1 2		
	Drance C	ity F). 32	765		
ARTICLE V	INCORPORATO	<u>DR</u>	T		4.1
The name and add	dress of the incorpora	rator to these Articles of	Incorporation are:		
C	raig A.	WeClinton	k_		
;	0 cante C	7 El 33	763		
(Ocange -	1221			
ARTICLE VI	EFFECTIVE DAI	E I N/A		-	
			3/7/6	5	
Signa	ture/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