POQUOOQ 5627

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

SUBJECT: On time Investment CORD. OT I CORP. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an origi	nal and one(1) copy of the article	es of incorporation and	a check for :	_
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	1 0
		ADDITIONAL CO)PY REQUIRED	T
FROM: Name (Printed or tyged)			FIVE	
340 Smrtter RD				
Tamps Fla. 33618 City, State & Zip				
813-908-0960. Daytime Telephone number				

200005072332--7 -03/08/02--01023--001 *****78.75 ******78.75

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

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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: Chtine In VEStinent (LORP)	ALPHAN APPROPRIES
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3140 Smittar RD. ARTICLE III PURPOSE The purpose for which the corporation is organized is: I NUESTMENTS I SALES.	SEE FLORIDA
ARTICLE IV SHARES The number of shares of stock is: One Thousand.	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): PARO S. ERAG. PRES. 3140 Smutter Re 2049R A. Helton Vieg. PRES. 4411 S. A108. TAMPA. 33413,	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: PALO S. PAY 3140 Smutter Rd. JAMPA. 334618.	en Tage - The Community of the Community
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: PACO 5. GRAY. 3 HO Smitter Bel. Tample FIA. 334	- 268
**************************************	tted corporation at the place designated in this
Signature/Registered Agent	Date

Signature/Incorporator