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

P. O. Box 6327 Tallahassee, FL 323	314		400005146 -03/22/02 *****78.79	3 5546 _ -01043024 5 *****78.75
SUBJECT: FA	PROPOSED CORPORA	9. te name – <u>must incl</u>	UDE SUFFIX)	- ····
Enclosed is an origin	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 ADDITIONAL CO	& Certificate of Status	
FROM	: Steve MARCOM Name (P)	rinted or typed)	* *	
	5016 GUNN HW	Address		
	TAMPA FL 33	3624 State & Zip		
	813 - 960 - 133 Daytime Te	37 elephone number	SE(02

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

FILED 2 MAR 22 AH 8: 5 CCRETARY OF STAT

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME The name of the corporation shall be: FAITH KRINER, P.A.		-
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 7201 Part Street, South 5t. Petersburg FL 33707		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any Mod All /eqal purposes		
ARTICLE IV SHARES The number of shares of stock is: 1000 Shares at \$100 Par Value		÷
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): FAITH KRINER 7201 PARK Street, South 5T. Petersburg, FL 33707	OZ MAR 22 SECREJARY I TALLAHASSITI	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: 5tele March		ח כ
TAMPA FL 33624		
The name and address of the Incorporator is: Steve Mareum		<u></u> .
5016 GUNN HWY TAMPA FL 33624 ************************************	********	**
Having been named as registered agent to accept service of process for the above stated concertificate, I am familiar with and accept the appointment as registered agent and agree to a		his
Signature/Registered Agent	Date	
XTem Mallu - Her Tolk to the to	3-20-02	