TRANSMITTAL LETTER

# P0200069015

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUN 24 AM 8: 39

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

SUBJECT: FACE / LWC.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed is an original	al and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee	\$\square\$ \$\frac{7}{7}\text{8.75}\$  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: DAVID ALLEN Johnston				
YEIVED 124 M 8:20 MENT OF STATE STEPPONDA MSSFE, FLORIDA	1600 COQUI	CouRT	00005917 06/24/02-01 75.00 00005917 -06/24/02-0	010-001 ******78.75 010001 *****78.75

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

6-24 You (2)

#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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#### <u>ARTICLE I</u> <u>NAME</u>

The name of the corporation shall be:

FACLT, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1600 COQUI COURT

ODESSA, FLORIDA 33556

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT

The number of shares of stock is:

## ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)

The name(s), address(es) and title(s):

#### REGISTERED AGENT

The name and Florida street address of the registered agent is:

DAUJO ALLEN JOHNSTON

1600 Cooui COURT

ODESSA, FLORIDA 33556

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAUID ALLEN JOHNSTON

1600 COQUI COURT

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator