

Division of Corporations

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**P02000073203****Florida Department of State**Division of Corporations  
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**To:**Division of Corporations  
Fax Number : (850) 205-0381**From:**Account Name : ACCOUNTING & BEYOND  
Account Number : I19990000223  
Phone : (813) 998-9800  
Fax Number : (813) 998-9801**FLORIDA PROFIT CORPORATION OR P.A.****VALERIE NICOLE, INC.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

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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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**ARTICLE I NAME**

The name of the corporation shall be:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VALERIE NICOLE, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

3315 W. CYPRESS ST., TAMPA, FL 33607

**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**

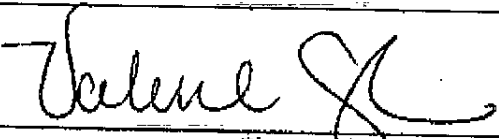
The name and Florida street address of the initial registered agent are:

VALERIE NICOLE CUNNINGHAM  
3315 W. CYPRESS ST.  
TAMPA, FL 33607**ARTICLE V INCORPORATOR**

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

VALERIE NICOLE CUNNINGHAM  
3315 W. CYPRESS ST.  
TAMPA, FL 33607**ARTICLE V BOARD OF DIRECTORS AND OFFICERS**

The initial Board of Directors shall consist of a total of 2 person(s). The name and address(es) of the person(s) who shall serve as the initial director(s) and officer(s) are:

President and Director  
VALERIE NICOLE CUNNINGHAM  
3315 W. CYPRESS ST.  
TAMPA, FL 33607Vice President and Director  
RODERICK C. CUNNINGHAM  
3315 W. CYPRESS ST.  
TAMPA, FL 33607  
Signature/Incorporator26 JUN 02  
Date

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 Agent26 JUN 02  
Date