Dipartment of Late Dision of Corporations	smitta ette	390
P.O. Box 6327 Tallahassee, FL 32314		DIVISION OZ AUG
SUBJECT: CORTUC, IN	Corporate name – must inc	clude suffix) 26 PH PORAL STALL CHAPTER STALL CH
Enclosed is an original and one check for:	e (1) copy of the articles of	f incorporation and a
\$70.00 \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy, & Certificate
	Additional Copy	Required
FROM: CHRIS COURTNEY	1	000068964518 -08/05/0201054010 *****78.75 ******78.75
Name (printed or typed) 14489 CATALIVA Address	CIPCLE	
SEMINOLE, FL City, State, & Zip	33776	
9 (3 265 - 665 9 Daytime Telephone Number		· · · · · · · · · · · · · · · · · · ·

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

SMITH AUG 26 2002

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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 6, 2002

CHRIS COURTNEY 14489 CATALINA CIR SEMINOLE, FL 33776

SUBJECT: CORTOC, INC Ref. Number: W02000022605

We have received your document for CORTOC, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist
New Filing Section

Letter Number: 702A00046870

Articles of Incorporation

			02	DIV.S
TOLELN	4345		2	
ARTICLE I: NAME The name of the corporation shall be:				
CORTOC, INC.			о Т	S S S
			<u>~</u>	— <u>\$</u> \$
			=	AAE
II: PRINCIP	AL OFFIC	Έ		S.₩C
and mailin	g address	of this corp	oration shall	be:
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that this co		s authorized <u>hov sa u d</u>	to have	·
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			T ADDRESS	5
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URTNEY				
	II: PRINCIP and mailin ALIVA CLE III: SH that this co 1000 CHALIVA FL TALIVA FL EV: INCO	III: PRINCIPAL OFFICE and mailing address TALINA CIRCLE CLE III: SHARES that this corporation is I DOD ONE TO SISTERED AGENT AI INITIAL REGISTERED AGENT AI INITIAL REGISTERED AGENT AI ATNEY HALINA CIRCLE FL 33776 LE V: INCORPORATO Extors.	II: PRINCIPAL OFFICE and mailing address of this corporation ALINA CIRCLE TL 33776 CLE III: SHARES that this corporation is authorized 1000 (ONE Thousand CISTERED AGENT AND STREET INTERIT CIRCLE THOUSAND CINCLE THOUSAND CIRCLE CIR	III: PRINCIPAL OFFICE and mailing address of this corporation shall IALIVA CIRCLE FL 33776 CLE III: SHARES that this corporation is authorized to have 1000 (ORE Thousand) CISTERED AGENT AND STREET ADDRESS nitial registered agent is: ATNEY ATALIVA CIRCLE FL 33776 LE V: INCORPORATOR(S)

Ine undersigned incorporator(s) has (have incorporation this ST day of	ve) executed these Articles of, 20 02
(an additional article must be added if an	effective data is requested) I HEREBY FM FAMILIAR WITH AND
Signature	ACCEPT THE DUTIES AND RESPONSIBILITIES
	AS REGISTERED AGENT.
Signature	
Signature	<u> </u>
Notarization is not required	
Note: Affixing an officer title after signature the designation of officers.	re of an incorporator does not constitute

Filing Fee \$70.00

DIVISION OF CORPORATIONS