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

Tallahassee, FL 3231	4	-00	00008046090 -09/26/0201027- *****78.75 ****]—— 006 **78.75
SUBJECT:	RESIDENCE +	LORIDA CORE TE NAME - MUST INCLU		
Enclosed is an origina	al 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 COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	GARY C. Name (Pr	HARABAGK (Pinted or typed)	02 TALL	SEC
	1804 MISTY	MORN PLAC	<u> </u>	RETARY OF
	LONGWOOD City, S	17- 32-77 ^c State & Zip	AH 11: 33	F STATE

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

ARTICLES OF INCORPORATION

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

02 SEP 26 AM 11: 35

ARTICLE I NAME

The name of the corporation shall be:

RESIDENCE FLORIDA CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

12236 MCKINNON PD. WINDERMERRE 4- 34786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INTERNET MARKETING

ARTICLE IV SHARES

The number of shares of stock is: 15000

ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)

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

TAMAS HETESY

CARUCHARABAGLIA

REGISTERED AGENT

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

TAMAS HETESU 12236 MCKINNON RD WINDERMENE FL 34786

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GARY C. HARABAGHA 1804 MISTY MORN PL LONGWOOD, FL 32779 ******************

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/Registered Agent

 $\frac{9-17-02}{\text{Date}}$