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TRANSMITTAL LETTER

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

SUBJECT: AGAPE RENTALS, CORP.				
		TË NAME – <u>MUST INCL</u> I		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$\square\$ \\$\\$70.00 \\ \\$Filing Fee	\$78.75 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: LAURIE TURBEVILLE Name (Printed or typed)				
P.O. BOX 433 Address				
SPARR FL 32192 City, State & Zip				
352 - 629 - 6447 Daytime Telephone number				

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

TAX ID # 02-0682979

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

AGAPE RENTALS, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. BOX 433 SPARR, FL 32192

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE

Income TAXES

The number of shares of stock is: 50/50 = 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

JAMES A. TURBEVILLE, SR. - OFFICER

LAURIE U. TURBENILLE

P.O. BOX 433 (mailing address) 5 parr, 7L 32192

ARTICLE VI *** REGISTERED AGENT

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

LAURIE TURBEVILLE

13540 NE JACKSONVILLE RD.

Sparr, 7L 32192

ARTICLE VII W INCORPORATOR

The name and address of the Incorporator is:

JAM LAURIE L. TURBEVILLE

BOX 433

Sparon, 71 32192

llaving 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