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SECRETARY OF STATE

##78.50 ***78.50

4-23-00

TRANSMITTAL LETTER

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

(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ _______.

FROM:

Betty M. M. M.
Name

Name

Address

Address

Address

Delle av Dluffs FL 33770

City, State, & Zip

(727) 585-0718

Telephone Number

Note: Additional copy of articles is needed when certified copy is requested.

FILED

03 APR 21 AM 10: 04

SEURETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

Accolage The Agency, Inc.

resigned incorporator(s), for the purpose of forming a corporation under the

Accolade little Agency Inc

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

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

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

33 Harbor View Lune #208

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation

is(are):	Bothy M. Switz	
	Belleair Bloffs, FL 33770	
	Heart From Specific S	
	·	
The unde	ersigned incorporator(s) has(have) executed these Articles of Incorporat	ion this
	14 day of April 19202	
	De la companya della	
	Signature	
	Signature	
	Signature	ر در این

Articles of Incorporation Filing Fee - \$35

FILED

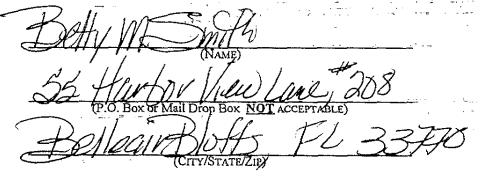
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

03 APR 21 AM (0: SECRETARY OF STA TALLAHASSEE, FLOI

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:	Accorde The Agency, Inc

2. The name and address of the registered agent and office is:



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) 4/17/03
(DATE)