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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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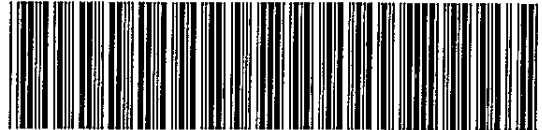
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 SEP 15 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: COURTNEY COMMUTE INC.

(Proposed corporate name- must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

 \$70.00
Filing Fee

X \$78.75
**Filing Fee &
Certificate of Status**

FROM: COURTNEY COMMUTE INC.

**Name (Printed or typed)
5619 PALM RIVER ROAD**

**Address
TAMPA, FL 33619**

**City, State & Zip
813 310-8748**

Daytime Telephone Number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, Hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: COURTNEY COMMUTE INC.

ARTICLE II PRINCIPAL OFFICE

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

5619 PALM RIVER ROAD
TAMPA, FL 33619

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding
at any one time is: 100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
JON M SACKMAN 5619 PALM RIVER ROAD, TAMPA, FL 33619

ARTICLE V INCORPORATOR

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

JON M SACKMAN 5619 PALM RIVER ROAD, TAMPA, FL 33619

Jon M. Sackman

Signature/Incorporator

SEPT. 10, 2003

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

Jon M. Sackman

Signature/Registered Agent

SEPT 10, 2003

Date