P03000 108390

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



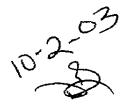
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SECRETARY OF SECTION



TRANSMITTAL LETTER

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

| Ventures By Design, Inc. | | | | | | | | |
|--|----------------------------------|--|---|--|--|--|--|--|
| Subject: (Proposed corporate name – must include suffix) | | | | | | | | |
| Enclosed is an origin | nal and one (1) copy of the | articles of incorporation and | d a check for: | | | | | |
| _X_\$70.00 Filing Fee | \$78.75 Filing Fee & Certificate | \$122.50 Filing Fee & Certified Copy ADDITIONAL CO | \$131.25 Filing Fee, Certified Copy & Certificate PY REQUIRED | | | | | |
| FROM: | MARY I | LOU MOFFETT | | | | | | |
| | 2001 83 ^R | AVENUE NORTH # | 1039 | | | | | |
| | Address ST.PETE | ERSBURG, FL 33702 | | | | | | |
| | City, State (727) 522 | - | | | | | | |
| | Daytime T | elephone number | | | | | | |

03 SEP 29 PM 12: 05

ARTICLES OF INCORPORATION

SCURETARY OF STATE TALL AHASSEE, FLORIDA

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 I NAME

The name of the corporation shall be

VENTURES BY DESIGN, INC.

ARTICLE II PRINCIPAL OFFICE

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

2001 83RD AVENUE NORTH #1039 ST.PETERSBURG, FL 33702

ARTICLE III SHARES

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

ONE THOUSAND SHARES OF ONE DOLLAR PAR VALUE COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARY LOU MOFF€TT 2001 83RD AVENUE NORTH # 1039 ST.PETERSBURG, FL 33702

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

MARY LOU MOFFETT 2001 83RD AVENUE NORTH # 1039 ST.PETERSBURG, FL 33702

| The unders | igned incorpora | ntor(s) has(have) exe | ecuted these Articles of Incorpo | ration this |
|-------------|------------------|-----------------------|----------------------------------|-------------|
| _1ST | day of | OCTOBER | , 2003 | |
| (An additio | onal article mus | t be added if an effe | ctive date is requested) | |
| 7, | nary Fr | gu Mog Sigha | fe A | |
| | | Sigha | fure | |
| | | Signat | ure | |
| | | Signat | ure | |

Notarization is not required

Note: Affixing an officer title after signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED

03 SEP 29 PH 12: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: VENTURES BY DESIGN, INC.

| ł. | The name and address of the registered agent and office is: | |
|----|---|--|
| | MARY LOU MOFFETT | |
| | (Name) | |
| | 2001 83 RD AVENUE NORTH #1039 | |
| | (P.O. Box or Mail Drop Box Not Acceptable) | |

ST.PETERSBURG, FL 33702 (City/State/Zip)

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 provision 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)

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314