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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

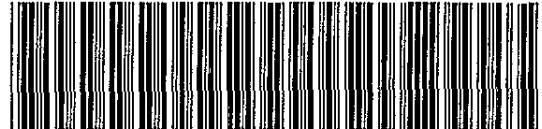
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03 OCT 24 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 14, 2003

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

SUBJECT: SKILLFUL PASTIMES INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$70.00 representing the Filing Fee..

From:

James E. Marci
58 Commercial Way
Spring Hill, Fl 34606
352-684-1800

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
SKILLFUL PASTIMES INC.**

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:
Skillful Pastimes Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
7021 Hilton Drive
Brooksville, FL. 34601

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000 SHARES OF COMMON STOCK, EACH SHARE HAVING A
PAR VALUE OF ONE DOLLAR (\$1.00)

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent are:
JAMES E. MARCI
58 COMMERCIAL WAY
SPRING HILL, FL 34606

ARTICLE V INCORPORATOR

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

JAMES E. MARCI
58 COMMERCIAL WAY
SPRING HILL, FL 34606

ARTICLE VI OFFICERS & DIRECTORS

The names of the initial officers and directors of the corporation are:

Barbara Urban
7021 Hilton Drive
Brooksville, FL 34601

PRES/SEC/TREAS.



Signature/ Incorporator



Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

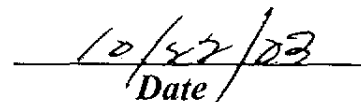
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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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/ Registered Agent



Date