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PICK-UP	WAIT	MAIL		
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TRANSMITTAL LETTER

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

SUBJECT: Del	uca Management, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti-	cles of incorporation and	a check for:	
—	D			
\$70.00	☑ \$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
		}	Status	
		ADDITIONAL CO	PY REQUIRED	
EDOM: G	Gennaro S. DeLuca			
Name (Printed or typed)				
		` '		
	PO Box 51			
Address				
	•	1441 655		
	DeLand, FL 32721			
	·	C		
	City,	State & Zip		
	386-734-5949			
	Daytime T	elephone number		

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

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:

DeLuca Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

PO Box 51

DeLand, FL 32721

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any business lawfully conducted in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Gennaro S. DeLuca, President

ARTICLE VI REGISTERED AGENT

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

Gennaro S. DeLuca 633 Westchester Drive DeLand, FL 32724

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gennaro S. DeLuca PO Box 51 DeLand, FL 32721

Having 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

Date

1/-1/-03

Date

1/-1/-03

Signature/Incorporator

Date