PO400000 8791

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



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TRANSMITTAL LETTER

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

SUBJECT:	PROPOSED CORPORATE	NAME - MUST INCLUD	A C E SUFFIX)
Enclosed is an origi	nal and one(1) copy of the articl	es of incorporation and	a check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status
	Leroy L From Pane (B) 233 Thomas Jall H 3	FROM: VSON finited or typed) SON CIT Address State & Zip	O4 JAN 12 PM 4

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) The name of the corporation shall be: PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: Thomson in 1911ahassee FL 32312 ARTICLE III PURPOSE The purpose for which the corporation is organized is: sug which in the France Jan ARTICLE IV The number of shares of stock is: INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): allahassee, FL 32312 REGISTERED AGENT The name and Florida street address of the registered agent is: The name and address of the Incorporator is: 1 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificase, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 1-/12/04 Date Signature/Registered Agent