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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (305) 674-3313
Fax Number : (305) 675-2811

FLORIDA PROFIT CORPORATION OR P.A.

LAKE TIFFANY ANGLERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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COUNTY OF ST. JACOB
GALLARAS SEC. FLORIDA**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:

LAKE TIFFANY ANGLERS, INC.**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5177 CHAVES CIRCLE
PORT CHARLOTTE, Florida 33982**ARTICLE III: PURPOSE**

The purpose for which the corporation is organized:

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV: SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$.01

ARTICLE V: INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

Director & President

BRYAN O. BITTING

5177 CHAVES CIRCLE

PORT CHARLOTTE, Florida 33982

ARTICLE VI: REGISTERED AGENT

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

BRYAN O. BITTING

5177 CHAVES CIRCLE

PORT CHARLOTTE, Florida 33982

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII: INCORPORATOR

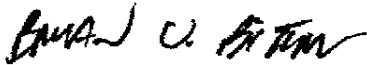
The name and Florida street address of the incorporator is:

BRYAN O. BITTING

5177 CHAVES CIRCLE

PORT CHARLOTTE, Florida 33982

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.



BRYAN O. BITTING / Registered Agent

02/24/04

Date



BRYAN O. BITTING / Incorporator

02/24/04

Date