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TRANSMITTAL LETTER

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

SUBJECT:		SWEENE'		_
	(Proposed corpo	rate name - must include suff	ix)	
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a cl	neck for:	
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of	
	e e e e e e e e e e e e e e e e e e e	ADDITIONAL COP	Status PY REQUIRED	
FROM:	Bridget	A. Sweeney	<i>y</i>	
	Name (P	rinted or typed)		
	20506	Via Marisa	_	
	1	Address		> 5
	Boca	Raton, FL State & Zip	33496	YISIC
	City,	State & Zip	× × ×	10 N
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles o Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BRIDGET SWEENEY, INC.

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be: 20506 VIA MARISA, BOCA RATON, FLORIDA 33498

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Bridget A. Sweeney

20506 Via Marisa

Boca Raton, Florida 33496

ARTICLE V INCORPORATOR

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

Gerald W. Yule

9727 Tavernier Drive

Boca Raton, Florida 33496

Signature/Incorporator

,/15/04

Date

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 statues relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date

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