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TRANSMITTAL LETTER

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

SUBJECT: ROB	ERT E. BENDETTI, INC. (PROPOSED CORPORATE	NAME – MUST INCLUDI	E SUFFIX)	
			-	
Enclosed is an origina	al and one(1) copy of the article	les 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
	ROBERT E. BENDET	FROM:		
	10165 MACON ROAD	rinted or typed) Address		
	JACKSONVILLE, FL. City,	32219 State & Zip	· -	
	(904) 924-8184 Daytime T	elephone number	<u> </u>	_ "'.

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:

Robert E. Bendetti, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10165 Macon Road

Jacksonville, FL 32219

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Robert E. Bendetti 10165 Macon Road Jacksonville, FL 32219

REGISTERED AGENT

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

Robert E. Bendetti 10165 Macon Road Jacksonville, FL 32219

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert E. Bendetti 10165 Macon Road Jacksonville, FL 32219

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
06-20-04