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(Requestor's Name)

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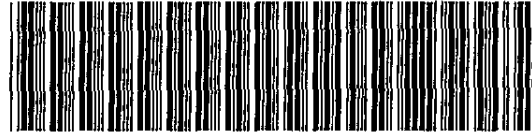
(Business Entity Name)

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2004 AUG 31 PM 3: 21
STATE
TALLAHASSEE FLORIDA

9/2/04

ARTICLES OF INCORPORATION

FILED

2004 AUG 31 PM 3:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) The following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Motel Interiors, Inc.

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

16 Willow Dr
St. Augustine, FL 32080

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Joseph Smyth
16 Willow Dr
St Augustine, FL 32080

ARTICLE V. INCORPORATORS

The name and street address of the incorporator to these

Articles of Incorporation:

Donovan, Bell & Assoc., CPA's, PA
3670 U S 1 South, Suite 290
St Augustine, FL 32086

ARTICLE VI. OFFICERS

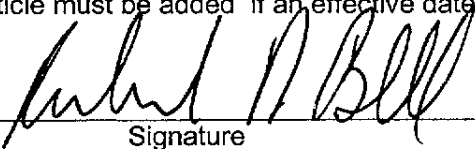
The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Pres: Joseph Smyth
16 Willow Dr
St. Augustine, Fl 32080

The Undersigned Incorporator(s) has (have) executed these Articles of Incorporation this

27 day of August 2004

(An additional article must be added if an effective date is requested)



Signature

President of Donovan, Bell & Associates, CPAs, PA

Notarization is not required

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the Corporation is:

Motel Interiors, Inc.

2. The name and address of the registered agent and office is:

Joseph Smyth

(Name)

16 Willow Dr

(P.O. Box NOT acceptable)

St. Augustine, FL 32080

(City/State/Zip)

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

Joseph Smyth
Signature

8/26/04
Date

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