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(Address)				
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of 9/19/00

COVER LETTER

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06 SEP 18 M 9:11

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT:	CARULIN A. WINSTON,	INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>.UDE SUFFIX</u>)	
			•	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
	, ()			
\$70.00	\$78.75	\$78.75	x \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
	ADDITIONAL COPY REQUIRED			
			•	
FROM:	CAROLYN A. WINSTON, INC.			
TROM.	Name (Printed or typed)			
	OOF TOWN TOWN WAT	NOTHER DIVING	+102	
	825 RENAISSANCE	E POINTE BLVD. #	102	
	Address			
	ALTAMONTE SPRIM	IGS, FLORIDA 327	714	
	City, State & Zip			
•		,		
•	407-296-9372			
* 2,	Daytime Telephone number			
	Sal mine - enabitation			

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)

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SECRETARY OF STATE
TALLAHASSEE FLOOR

Article I

The name of the corporation shall be:

CAROLYN A. WINSTON, INC.

Article II

The principal place of business/mailing address is:

825 RENAISSANCE POINTE

UNIT 102

ALTAMONTE SPRINGS, FL 32714

Article III

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

Article IV

The number of shares of stock is: 1000 SHARES @ \$1.00 PAR VALUE

Article V

List names(s), address(es) and specific title(s):
CAROLYN A. WINSTON, PRESIDENT
825 RENAISSANCE POINTE
UNIT 102
ALTAMONTE SPRINGS, FL 32714

Article VI

The name and Florida address of the Registered Agent is:
CAROLYN A. WINSTON
825 RENAISSANCE POINTE
UNIT 102
ALTAMONTE SPRINGS, FL 32714

Article VII

The name and address of the Incorporator is: - CAROLYN A. WINSTON 825 RENAISSANCE POINTE **UNIT 102** ALTAMONTE SPRINGS, FL 32714

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/Rogistered Agent

Saroly A. Wisson

9-18-2006 Date
9-18-2006
Date