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COVER LETTER

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

SUBJECT:	ICON DEVEL	OPMENT COUP IN		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an o	original and one (1) copy of the arti	cles of incorporation and a check for:		
\$70.00 Filing Fed	\$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
FROM: ANTONE THA BOD' Name (Printed or typed)				
Name (Printed or typed)				
-	3475 Golden	Address Blub. W.		
NAPLES FL 34120 City, State & Zip				
	239- Daytime T	C43-3689		
E-mail address: (to be used for future annual report notification)				

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)

The name of the corporation shall be: ICON DEVELOPMENT (Group FNC.
3475 GOLDEN GATE BIVO.W.	address, if different is:
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINES The number of shares of stock is: 10,000	S. Alexander
Name and Title: ANTONETTA BOD! PCES: Name and Title:	
Address: 3475 GOLD-EN GATE BLYO, WAddress: Naples FL 34120	
Name and Title: FAB.O ROO. MD. VICE POE Name and Title: Address: Address:	
Name and Title: Name and Title: Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Address: Address: Name: Address: Ad	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Name: Antone The Roo; Address: 3475 Golden GATEBIVO.W. NAME: NAME: Address: 34130	
Having been named as registered agent to accept service of process for the above stated conthis certificate, I am familiar with and accept the appointment as registered agent and agree to Required Signature/Registered Agent	poration at the place designated in act in this capacity 3/2a/(2-Date
I submit this document and affirm that the facts stated herein are true. I am aware that th	e false information submitted in a
document to the Department of State constitutes a third degree felony as provided for in s.817. Required Signature/Incorporator	