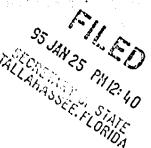
P9500007667 TRANSMITTAL LETTER

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

Taliahassee, FL 32314			OF
NI SUBJECT:	LTS Inc.		8:000013:8:9546 -01/26/9501003019 *****78.75 *****78.75
	Proposed corporate na	ame - must include si	ıffix)
Enclosed is an original for :	and one (1) copy	of the articles of	incorporation and a check
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
FROM:	Maureln Name (p	SMITH winted or typed)	
	3200 POR	T Royale	DR. Apt. 700
	TT Lauder City.	dale, 51 32 State & Zip	308
		elephone number	

NOTE: Please provide the original and one copy of the articles.





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:

NUTS NUTS INC.

ARTICLE II PRINCIPAL OFFICE

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

3200 PORT Royale DR. Apt. 706 FT. Landerdale, Fl 33308

ARTICLE III SHARES

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

50 shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maureen Smith 3200 Port Ruyale Drive Apt 706 FT. Lauderdale, II 33308

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Mauren Smith 3200 Port Roycula Dr. # 706 PT. Landerdale, F1 32308

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24 day of January 19 95.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF 次原REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

NUTS 1. The name of the corporation is: Hars Inc.			
2. The name and address of the registered agent and office is:			
Maureen Smith			
(Name)			
3200 Port Royale DR. Apt 706			
(P.O. Box not acceptable)			
Fr. Landerdale, Fl 33308			
(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

(Signature)

(Date)