P9500010460

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

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SUBJECT: (Pr	f(t)), $f(t)$ $f(t)$ $f(t)$ oposed corporate name - must include $f(t)$	do suffix)		
for:	and one (1) copy of the articles			2171G
FROM:	Portio M. Labi Name (printed or typed)	gne	95 FEB -6 - 811 K	HAY OF S
	451 E. Springtree Way		t.	STATE PRATIONS
	City, State & Zip	<u> </u>		
	407 - 330 - 255 Daytime Telephone numbe	 		

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



ARTICLES OF INCORPORATION

95 FEB -6 AH 10: 22

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:

ARTICLE II PRINCIPAL OFFICE

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

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ARTICLE Y INCORPORATORISI

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

Portio M Latigne 451 F. Spring tree Way Lake Mary F1 39246

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF 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.

1.	The name of the corporation is: $Q.M.F.F.r.$
2.	The name and address of the registered agent and office is:
	Portio M. LaVigne (Name)
	(Name)
	(P.O. Box not acceptable)
	(P.O. Box not acceptable)
	Leke Mary F1 30746
	(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place dusignated in this certificate, I hereby encept 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.

(Signature) Jan 9-5. 95

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL