995000011895

TRANSMITTAL LETTER

Dopartment of Division of Cor		
P.O. Box 6327 Tallahassoe, Fl		
SUBJECT:	FRINGES, INC.	
	(Proposed corporate name)	
Fociosad is an	original and one (1) copy of the articles of incorp	
122.50		. 29
		CHOODIO 1.4 DEBEED -02/10/9501120014 ++++122.50 ++++122.50
FROM:		
	ROBERT L. BRAUN	·····
	Name (printed or typed)	
	725 N. Highway Λ1λ, Suite λ-103	
	Address	
	Jupiter, FL 33477	
	City, State, & Zip	
	407-743-7706	

DEB 2/13/95

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

Talaphona Number

ARTICLES OF INCORPORATION

OF

FRINGES, INC.

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:

FRINGES, INC.

ARTICLE II PRINCIPAL OFFICE

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

207 N.E. Floresta Port St. Lucie, FL 34983

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rick Campeau 207 N.E. Floresta Port St. Lucie, FL 34983

ARTICLE V INCORPORATORIS

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

Rick Campeau 207 N.E. Floresta Port St. Lucie, FL 34983

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

7th day of February 19 95.

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENTYREGISTERED OFFICE

Pursuant to the provisions of stations 607.0501 or 617.0501 For. State of the unitersigned 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: Fringes, inc.
-	
2.	The name and address of the registered agent and office is:
	Rick Campeau
	(Name) (
	(P.O. Box NOT acceptable)
	Port St. Lucie, FL 34983
	(City/State/Zip)
(8)	ving bean named as registered agent and to accept service of process for the above ted corporation at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relating to the proper and complete performance of my duties, and in familiar with and accept the obligations of my position as registered agent.
	DATE February 07, 1995

REGISTERED AGENT FILING FEE: \$35.00