P95000015586 TRANSMITTAL LETTER

FILED 95 FEB 23 PH 1: 39 SECRETARY OF STATE 1 LLAHASSEE, FLORIDA

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

FROM:

 SUBJECT:
 HOME BASED ASSOCIATES INC.
 +****122.50
 *****122.50

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of $\$\frac{122.50}{}$.

WILLIAM R. STAFFORD

Name

1107 Key Plaza Suite 125

Address

Key West, FL 33040-4086

City, State, & Zip

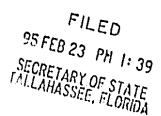
(305) 872-1318 or (717) 596-3304

Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

ARTICLES OF INCORPORATION

<u>OF</u>



HOME BASED ASSOCIATES 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 | NAME

The name of the corporation shall be:

HOME BASED ASSOCIATES INC.

ARTICLE II PRINCIPAL OFFICE

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

1107 KEY PLAZA SUITE 125 KEY WEST, FL 33040-4086

ARTICLE III CAPITAL STOCK

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

WILLIAM R. STAFFORD 1107 KEY PLAZA SUITE 125 KEY WEST, FL 33040-4086

ARTICLE V INCORPORATOR(S)

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

WILLIAM R. STAFFORD 1107 KEY PLAZA SUITE 125 KEY WEST, FL 33040-4086

The undersigned I	has(have) ex	ecuted these Articles of Incorporation this
	day of .	February, 19 95.
		Wm R. Stafford IPRESIDENT
		Signature/Title
		Signature/Title
		Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

2. The name and	d address of the registered agent and office is:	S FEB
	WILLIAM R. STAFFORD	EB 23 PH
	(NAME)	一
	1107 KEY PLAZA SUITE 125	7187
	(P.O. BOX NOT ACCEPTABLE)	- 35 H 30
	KEV WEST EL 22010 1007	,
•	KEY WEST, FL 33040-4086 (CITY/STATE/ZIP)	<u> </u>
	SIGNATURE Win R	Shefford
	SIGNATURE OF COORDINATE	Shelfond
	SIGNATURE OF COORDINATE SIGNATURE OF COORDINATE DATE 2/11/95	Shefford

REGISTERED AGENT FILING FEE: \$35.00

PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PER-FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-

TIONS OF MY POSITION AS REGISTERED AGENT.