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TRANSMITTAL LETTER

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ARDENIA NA ARA

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

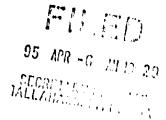
700001445792 -04/06/95--01079--007 *****70.00 *****70.00

SUBJECT: R. M. SHOFF, Inc. (Proposed corporate name - must include suffix)							
Enclosed is an original for ;	and one (1) co	py 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: Rusi Mary SHOFF Name (printed or typed)							
6245 N. HARbor City Blud Address							
Milbourno, 1=h 32940 City, State & Zip							
	40 7	- 254-8702 Telephone number	1407-2546829				

NANCY HENDRICKS APR: 1 0 1995

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

ARTICLES OF INCORPORATION



The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Comporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

R. M. SHOFF, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3220 W. New Haven AVE. West Mclbourne, FA 32904

ARTICLE III SHARES

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

5000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rose Mary SHOFF 3220 W. New Haven AVE

Wimelbourne, FA 32904

ARTICLE V INCORPORATOR(8)

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

Rose Mary SHOFF, Privilent 6245 N. Harbor City Blud. Mel, Fla 32940

Rubert M. SHUFFI Via-President 6245 N. Harbor City Blud Mel, FA 32940

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

day of April 1945.

Signature

Articles of Incorporation Filing Fee - \$35

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. T	he name of the corporation is:	R.	m.	S'HOFF	Inc.	

2. The name and address of the registered agent and office is:

Rose Mary SHOFF	25 15	
(Namo)	:3	कुल्लान्त् च स्टब्स
3220 W. Now Haven AVE	ယ်	******
(P.O. Box not acceptable)	: :	Caraid Caraid
West Melbourne, 1=6 82904	D 23	¥ _{dual} #
(City/State/Zip)	(J)	

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 as registered agent.

Loss Man Shaff 4/1/95 (Date)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING WINESON. FLORIDA DEPARTMENT OF STATE **APPLICATION**

FOR REINSTATEMENT



Sandra B. Mortham Sucretary of State

DIVISION OF COMPONATIONS

DOCUMENT #

P95000028046

L. Corporation Name

Principal Place of Bensons

SIGNATURE:

R. M. SHOFF, INC.

Malkou Address

3220 W. NEW HAVEN AVE. WEST MELBOURNE FL 32804 3270 W NEW HAVEN AVE.

96 HOV 12 PM 12: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The second secon		MEDI METRONIME AT 35804							
2. Now Principut Office Address, If Applicable Soite, Apt. #, etc. City & State Zip. Gountry		Soute, Apr. W. etc. City & State Zip Country with Officer unit/or Director (Florida nonprofit corporations must fel at hol Officers Street Address of Fo		4. Date Incorporated or Qualified To Do Busings in Florida O4/05/1905 6. FEI Number 543301518 Applied For Not Applied be CERTIFICATE OF STATUS DESIRED V					
					70	MELBOURNE PI 00020 -11/19/9 -11/19/9		979 4007 **375,00	
	8. Name and Address of Current F	Rogistered Agen			9. Name and &	ridrage of New Stani	stered Asset		_
SHOFF, ROSE MARY 3220 W. NEW HAVEN AVE. WEST MELBOURNE FL 32804				Street Address (F.O. Rox Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code					CP2E040 (7.9m)
Ignature of legistered A 1. Doe Dep	es this corporation pay are tot. of Revenue under S. 1	ny intangit 199.032, F	or Must sign Die tax to the Torida Statu	e utes. Yes		Date 10/15	her side for intendible ta	x.)	-
owed by ti	at I am an officer or director or the receive dement application, the reason for dissoline corporation have been paid and the na olication is true and accurate, and my sign	mas of individual	le listed on this form	raio name satisties in	ia requirements of	er 607 or 617, F.S. I section 607.0401 or r section 119.07(3)(i),	lurther certify t 617.0401, F.S F.S. The into	hat when filing i., that all fees rmation indicated	