P9500030706

TRANSMITTAL LETTER

SIQUE IMPLESSIONS /
(Proposed corporate name - must include suffix)

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

400001460554 -04/19/95--01087--001 ****122.50 ****122.50

	443		incorporation 2	nd a che	ck	
Enclosed is an original for: \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filling Fee, Certified Copy & Certificate	ng a crie		
JULI FROM:	ANDRO Name 7845 QUE	(printed or typed)	ANDERSON	SECRETARY TALLAHASSE	95 APR 19	FIL
	(401)	Address DO FL 32 ty, State & Zip 721-9802 e Telephone number	259	OF STATE E. FLORIDA	PH 2: 48	ED

NANCY HENDRICKS APR: 1 9 1995

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

ARTICLES OF INCORPORATION

SECRETARY OF STALLAND OF STALL Corportion Act, hereby adopt(s) the following Articles of Incorporation.

> ARTICLE NAME

The name of the corporation shall be:

CLASSIQUE IMPRESSIONS INC

ARTICLE II PRINCIPAL OFFICE

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

628 DELHI STREET

CRLANDO, FL 32808

ARTICLE III SHARES

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

ENE HUNGED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

ANDREW MOZART ANDERSON

7849 CAPPERFIELD COURT

OKIANOU, FL 32759

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

ANDREW MOZART ANDERSON 1849 COPPERFIELD COURT ORGANIE, FLA 32759

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS CF 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.

1. The name of the corporation is: CIPS SIQUE IMPRESSIONS INE	2
2. The name and address of the registered agent and office is:	
- ANDREW MOZ-ANT ANDERSON	
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.	
(SIGNATURE) 4/19/95 (DATE)	