D4500035097

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

700001470437 -05/02/95--01051--005 *****70.00 *****70.00

SUBJECT:	Applegate Enterprises Inc
	(proposed corporate name)
Enclosed is an or for \$_ 70	iginal and one (1) copy of the articles of incorporation and our check
FROM:	Name (printed or typed)
	Name (printed or typed)
	2612 Huntington Ave
	Address
	Surmita F1 34232
	City, State, & Zip
	(813) 924-6020
	Telephone Number

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

ARTICLES OF INCORPORATION

QF

SECULARASSEE FLORIDA

Applegate Enterprises 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:

Applegate Enterprises lac

ARTICLE II PRINCIPAL OFFICE

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

2612 Huntington Ave Sarasitu F1 34232

ARTICLE III CAPITAL STOCK

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

1000 Shurer

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

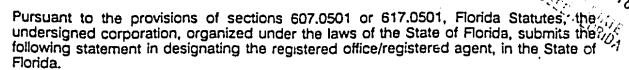
Robert E Applegate 2612 Huntington Auc Sarasota F1 34232

ARTICLE V INCORPORATOR(S)

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

Robert E Applegate 2612 Hunlington Ave Sansota F1 34232

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE



•	The name of the corporation is: Appleg ie Enterprises he
•	The name and address of the registered agent and office is:
	Robert E Applegate (NAME)
•	(NAME)
	2612 Hynlington Ave
	(P.O. BOX NOT ACCEPTABLE)
	Jarasota Fl 34232
	(CITY/STATE/ZIP)

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.

DATE 4/25/95