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TRANSMITTAL LETTER

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

500001499495 -05/26/95--01001--022 ******78.75 ******78.75

SUBJECT:AUDI'	r PROFESSIONA	LS, INC.				
		name - must include suf	fix)			
Enclosed is an origina for :	I and one (1) co	py of the articles of	incorporation a	and a c	heck	
\$70.00 Filing Fee	X \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee. Certified Copy & Certificate Required	-1		
FROM:		MACCONNELL printed or typed)		SECRETAR) TALLAHASS	95 KAY 25	
	316 HAMII	TON SHORE DRIV	E	Y OF STATE SEE FLORIDA	FH 3: 04	
	WINTER HA	AVEN, FL 33881 v, State & Zip			1(
	(941) 293- Daytime	Telephone number	<u>-</u>			

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 Corporation Act, hereby adopt(s) the following Articles of Incorporation.

> ARTICLEI NAME

The name of the corporation shall be:

AUDIT PROFESSIONALS, INC.

ARTICLE II PRINCIPAL OFFICE

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

521 W. CENTRAL AVE. WINTER HAVEN, FL 33883

ARTICLE III **SHARES**

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

1000

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

RAYMOND GILLIS 521 W. CENTRAL AVENUE WINTER HAVEN, FL 33883

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):

RAYMOND GILLIS 521 W. CENTRAL AVENUE WINTER HAVEN, FL 33883

NANCY R. GILLIS 521 W. CENTRAL AVENUE WINTER HAVEN, FL 33883

MARGARET MACCONNELL 316 HAMILTON SHORE DRIVE WINTER HAVEN, FL 33881

GEORGE T. MACCONNELL 316 HAMILTON SHORE DRIVE WINTER HAVEN, FL 33881

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

_22___ day of

gignature

Signature

Signature

Signature

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

CERTIFICATE OF DESIGNATION OF 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.

1.	The name of the corporation is:	AUDIT PROFESSIONALS, INC.
2.	The name and address of the register	ered agent and office is:
	RAYMOND 521 W. C	GILLIS (NAME) CENTRAL AVE.
	(P.O. Box	or Mail Drop Box NOT ACCEPTABLE)
	WINTER H	HAVEN, FL 33883
		(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.

(SIGNATURE)

STORY OF STANSSEE, FLORE STANSSEE