P95000053465 TRANSMITTAL LETTER

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

> 500001500855 -07/06/95--01054--011 ****131.25 ****131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: **X** \$131.25 \$122.50 \$70.00 \$78.75 Filing Fee, Certified Copy Filing Fee & Certificate Filing Fee Filing Fee & Certified Copy & Certificate MARILYN SMODELL FROM: Name (printed or typed) 6643 MIONIGHT Address SHKHSOTA FL 34342/ City, State & Zip 349-4759 Daytime Telephone number

SUBJECT: MAKEN TNC.(Proposed corporate name - must include suffix)

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



OF

MAKEN, 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:

MAREN, INC

ARTICLE II PRINCIPAL OFFICE

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

4643 MILNIGHT PHSS KOAN SARASOTA FL 34342

ARTICLE III SHARES

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

1000 (ONE THOUSAND)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAKILYN SNODELC COGHZ MIRNIGHT PASS RD SALASOTA FI 34347

ARTICLE V INCORPORATOR(S)

tion is(are):
MARILYN A. SNOCELL
6642 MIDINIGHT PASS RD
SAKASOTA FL 34242
RENE F. BUTYN
94 COLUMBUS BLUD
SHKASOTA FL. 34342
The undersigned incorporator(s) has(have) executed these Articles of incorporation this
28th day oi JUNE 1995.
marely a. Snodell
2 / 10 Signature
Vene Buter
Signature

Signature

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. The name of the corporation is: MAREN, INC.	
,	. 18.
2. The name and address of the registered agent and office is:	
MABILYN A. SNODELL (Name)	- Paris of
(P.O. Box not acceptable)	·
GARASOTA FL 34347 (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.

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