P95000054617
TRANSMITTAL LETTER

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

300001538363 -07/14/95--01075--010 *****131.25

SUBJECT: AH Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate Certified Copy & Certificate Additional Copy Required FROM: Name (printed or typed) Barrie W.II Wai City, State & Zip 904-396-425 Daytime Telephone number

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

ARTICLES OF INCORPORATION SSJULIA FILSTON

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business

ARTICLE I NAME

The name of the corporation shall be: AH Inc.

ARTICLE II PRINCIPAL OFFICE

ARTICLE III SHARES

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

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and address of the initial registered agent is:

Stephen Arizmendi 821 Barrie Ave Tailahassee Fl 32315

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):

Stephen Arizmendi 82 Barrie Ave Tal hassee Fl. 32315

HEIDI HANSENU 13.F. RICHARDS RD. MEZBOURNE BOH, Fl. 32951

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

day of JULY, 19 95.

Signature

Signature

Signature

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 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:	5.00 H PH
2. The name and address of the registered agent and office is:	5: 02 Logida
Stophen Americadi	P
(P.O. BOX or Mail Drop BOX NOT ACCEPTABLE)	
Tallaliassee F. 32315	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this ce, tificate, 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.

Stohen Wingered 7/14/95 (DATE)