

1201 HAYS STREET
FALLADASSIE, FL 32109
904 221-1111
904 221-1101 FAX

000-142-8086



P9500059146

ACCOUNT NO. : 07210000003

REFERENCE : 651220 120675A

AUTHORIZATION : *Patricia Pyjuts*

COST LIMIT : \$ 122.50

ORDER DATE : July 31, 1995

ORDER TIME : 11:45 AM

ORDER NO. : 651220

200001549612

CUSTOMER NO: 120675A

CUSTOMER: **Ms. Betty De La Maza**
E.K. WILLIAMS BUSINESS
CONSULTANTS
Suite 6
1521 Forest Hill Boulevard
West Palm Beach, FL 33406

DOMESTIC FILING

NAME: **CORSI ENTERPRISES, INC.**

XXX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: **Danny G. Smith**

EXAMINER'S INITIALS:

T. BROWN **AUG - 1 1995**

FILED
65 JUL 31 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLES OF INCORPORATION
OF

FILED
95 JUL 31 AM 10:24
RECEIVED
TALLAHASSEE, FLORIDA

I, _____, of the County of _____, State of _____, do hereby certify that the foregoing is a true and correct copy of the Articles of Incorporation of _____, as the same appear in the original filed in my office on this _____ day of _____, 19____.

ARTICLE I NAME

The name of the corporation shall be _____.

ARTICLE II PRINCIPAL OFFICE

The principal place of business of the corporation shall be _____.

ARTICLE III CAPITAL STOCK

The capital of the corporation shall be _____.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS:

ARTICLE V INCORPORATION(S)

THE UNDERSIGNED, _____, OF THE COUNTY OF _____, STATE OF _____, DO HEREBY CERTIFY THAT ON THIS DAY, _____, 1995, I HAVE BEEN AUTHORIZED BY THE STATE AND COUNTY NAMED ABOVE TO TAKE ACKNOWLEDGEMENTS TO BE FORN TO BE THE PERSONS DESCRIBED IN SUBSCRIBERS IN AND WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND ACKNOWLEDGE BEFORE ME THAT THEY SUBSCRIBED TO THESE ARTICLES OF INCORPORATION.

NOTARY PUBLIC, _____, OF THE COUNTY OF _____, STATE OF _____, DO HEREBY CERTIFY THAT ON THIS DAY, _____, 1995, I HAVE BEEN AUTHORIZED BY THE STATE AND COUNTY NAMED ABOVE TO TAKE ACKNOWLEDGEMENTS TO BE FORN TO BE THE PERSONS DESCRIBED IN SUBSCRIBERS IN AND WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND ACKNOWLEDGE BEFORE ME THAT THEY SUBSCRIBED TO THESE ARTICLES OF INCORPORATION.

THE UNDERSIGNED, _____, OF THE COUNTY OF _____, STATE OF _____, DO HEREBY CERTIFY THAT ON THIS DAY, _____, 1995, I HAVE BEEN AUTHORIZED BY THE STATE AND COUNTY NAMED ABOVE TO TAKE ACKNOWLEDGEMENTS TO BE FORN TO BE THE PERSONS DESCRIBED IN SUBSCRIBERS IN AND WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND ACKNOWLEDGE BEFORE ME THAT THEY SUBSCRIBED TO THESE ARTICLES OF INCORPORATION.

X *[Signature]*

SIGNATURE TITLE

SIGNATURE TITLE

SIGNATURE TITLE

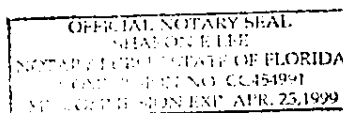
STATE OF FLORIDA
COUNTY OF DADE COUNTY

I HEREBY CERTIFY THAT ON THIS DAY, _____, 1995, I HAVE BEEN AUTHORIZED BY THE STATE AND COUNTY NAMED ABOVE TO TAKE ACKNOWLEDGEMENTS TO BE FORN TO BE THE PERSONS DESCRIBED IN SUBSCRIBERS IN AND WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND ACKNOWLEDGE BEFORE ME THAT THEY SUBSCRIBED TO THESE ARTICLES OF INCORPORATION.

NOTARY PUBLIC, _____, OF THE COUNTY OF _____, STATE OF _____, DO HEREBY CERTIFY THAT ON THIS DAY, _____, 1995, I HAVE BEEN AUTHORIZED BY THE STATE AND COUNTY NAMED ABOVE TO TAKE ACKNOWLEDGEMENTS TO BE FORN TO BE THE PERSONS DESCRIBED IN SUBSCRIBERS IN AND WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND ACKNOWLEDGE BEFORE ME THAT THEY SUBSCRIBED TO THESE ARTICLES OF INCORPORATION.

Sharon E. Lee

SIGNATURE TITLE



FILED
95 JUL 31 AM 10:24
SECRET
CALLAHAN, FLORIDA

The undersigned, [Name], of the County of [County], State of [State], do hereby certify that [Name] is a resident of the County of [County], State of [State], and is qualified to hold the office of [Office].

I, [Name], Clerk of the County of [County], State of [State], do hereby certify that [Name] is a resident of the County of [County], State of [State], and is qualified to hold the office of [Office].

WITNESSED my hand and the seal of the County of [County], State of [State], this [Date] day of [Month], 19[Year].

Attest: [Name], Clerk of the County of [County], State of [State].

Notary Public for the State of [State].

My Commission Expires [Date].

Notary Public for the State of [State].

SIGNATURE

[Signature]

Notary Public for the State of [State].

July 24, 1995

The undersigned, [Name], of the County of [County], State of [State], do hereby certify that [Name] is a resident of the County of [County], State of [State], and is qualified to hold the office of [Office].

SIGNATURE

[Signature]

July 24, 1995