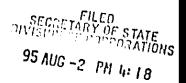
P95000059748

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Taliahassee, FL 32314 SUBJECT: (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$122.50 \$131.25 \$70.00 \$78.75 Filing Foo, Certified Copy & Certificate . Filing Fee Filing Foo Filing Foo & Certificate & Certified Copy Additional Copy Required HOCIEDOR GRIFFIN FROM: Name (printed or typed) 600001551456 -03/02/95--01013--005 ****122.50 ****122.50 PALM City, State & Zip 6595850 407 AJ 8/2/95 Daytime Telephone number

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



ARTICLES OF INCORPORATION

UNDER CHAPTER 621

ADRIENNE GRIFFIN P.A.

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:

ADRIENNE GRIFFIN PA

ARTICLE II PRINCIPAL OFFICE

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

287 BARCELOUA RD WEST PALM BEACH FL 33401

ARTICLE III SHARES

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

100 SHAPES - NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PARIENNE GRIFFIN 287 BARGELONA ROAD WEST Palm BEACH FL 33401

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):

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

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 SECRETARY OF STATE REGISTERED AGENT/REGISTERED OFFICE 95 AUG -2 PM In 18

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:	ADRIENSE	CIRIFFIND PA
2.	The name and address of the registered agent and office in:		
	PORIEDILE CIRIFFIN		
		C A R C E L D NA ox or Mail Drop Box NOT ACCE	PTABLE)
	WESTF	CITY/STATE/ZIP)	<u> </u>

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) (DATE)