P9500061393

TRANSMITTAL LETTER

95 FILED

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

> 900001556069 -08/09/95--010/1--017 *****78.75 *****78.75

SUBJECT: (Proposed dorporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$70.00

Filing Fee

×\$78.75

Filing Fee & Certificate \$122.50

Filing Fee & Certified Copy \$131.25

Filing Fee, Certified Copy & Certificate

Additional Copy Required

لمنوس

FROM:

Name printed or typed

Address .

City, State & Zip

11/10-180

Daytime Telephone number

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

ARTICLES OF INCORPORATION

St. Allen

The undersigned incorporator(s), for the purpose of forming a corporation under the Flo. da Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be

JULIER STAYS, SIN

ARTICLE II PRINCIPAL OFFICE

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

January addr

ARTICLE III SHARES

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

166

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

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)

Anne Morani January 1992

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
2	The name and address of the registered agent and office is
	- (- TIME I (II TI) (NAME)
	IF M IL
	(PO Box or Mail Drop Box NOT ACCEPTABLE)
	espolachicald to 3331

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 s atutes 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)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314