(SAMPHE LETTER OF TRANSMITTAL)
4950006/589

1170 to 11 2:53

Date

August 7, 1995

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

Re:	Tentacles,	Inc
	(name of corporation)	

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Josephine Patricia Hand Flitchen

Josephine Patricia Hand Flotcher (individual's name)

Tentacles, Inc.
(name of corporation)

Tentacles, Inc.
P. O. Bcx 49189
Jacksonville Beach, FL 322409189

PHONE
(904) 246-8615
Area Code Number Ext.

ARTICLES OF INCORPORATION

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Tentacles, Inc		***************************************	
The undersigned subscriber(s) to these Articles of Incorporat corporation under the laws of the State of Florida.		rson(s) competen	t to contract, hereby form a
ARTICLE 1 - COR	PORATE NAI	ME	. (2)
The name of the corporation is:			
Tentaclos, Inc.	_ _		
ARTICLE II -	DURATION		
This corporation shall exist perpetually unless dissolved ac-	cording to Flo	rida law.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ARTICLE III -	PURPOSE		
The corporation is organized for the purpose of engaging in United States and the State of Florida.	any activities o	r business permi	tted under the laws of the
ARTICLE IV - CA	PITAL STOC	К	
The corporation is authorized to issuefive_hundred	shares	(500) of _	one
Dollar(s) (\$ 1.00) par value Common Sto	ock, which sha	ll be designated	"Common Shares,"
ARTICLE V - INITIAL REGISTE	RED OFFICE	E AND AGENT	
The street address of the Initial Registered Agent office and I			ed Agent at that office is:
NAME Josephine Patricia Hand I			
ADDRESS 1178 6th Avenue N.			
CTTY Jacksonville Beach	FLORIDA		ZIP 32250
The principal office, if known, or the mailing adress of the	corporation i	s:	52250
NAME Tentacles, Inc.			
ADDRESS P.O. Box 49189	· ·		
Tiy Jacksonville Beach	FLORIDA		ZIP 32240
ARTICLE VI - INITIAL BO			9189
This corporation shall have <u>one</u> (1) di increased or diminished from time to time by the By-Laws, laddresses of the initial director(s) of the corporation are as	rectors initially		f directors may be either e (1). The names and
AME Josephine Patricia Hand F	letcher		
DDRESS 1178 6th Avenue N.			
TY Jacksonville Beach	STATE	Florida	ZIP 32250
AME			
DDRESS			
ТГҮ	STATE		ZIP
AME			
DDRESS			
TY	STATE		ZIP
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ARTICLE VII - INCORPORATORS

The	names	and	addresses of	the	incorporators	Lianina	thora	Antistan		Incorporation			
					The state of the s	Signing	inese	MINGE	OI	incorporation	arc	as	follows:

NAMIL	Josephine Patricia Ha	and Flatcher		
ADDRESS	1178 6th Avenue N.	THO CAN COUR		
спу	Jacksonville Beach	STATE	Florida	210
NAME			PIOLIGA	ZII ¹ 32250
ADDRESS				
CTIY		STATE		ZIP
NAME				
ADDRESS				
CITY		STATE		ZIP
IN WITNE	SS WHEREOF, the undersigned subscr August . 1995 .	iber(s) have executed thes	e Articles of Incor	poration this <u>7th</u>
	-	Josephine Patricia	Hand Fill	the (Scal)
	-			(Scal)
	_	·		(Scal)

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF



Tentacles, Inc.

(name of corporation)

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Josephine Patricia Hand Letcher (registered agent)