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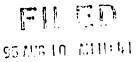
TRANSMITTAL LETTER

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

SUBJECT:	-ORR 11	<i>ن</i> د	
(F	Proposed corporat	o name - must include suffix)	
			900001561048 -08/15/9501101003 -++++1 : 25 ++++131.25
Enclosed is an origina	l and one (1) (copy of the articles of incorp	poration and a check
for : [_] \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	Filing Fee Filin & Certified Copy	131.25 og Fee, ied Copy rrificate
FROM:	ROBER	T ORRIS	
S		a (printed or typed)	
FROM:	7AMP1	MATER LILY LAND Address FL 33635 City, State & Zip	
8/10/95		249-1745 e Telephono number	5-4-60.7

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

ARTICLES OF INCORPORATION



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:

TER-ORR INC

ARTICLE II PRINCIPAL OFFICE

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

7AMPA 14 33635

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

ROBERT ORRIS 8912 WATER LILY LAKE TAMPA FL 33635

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

3 day of AUC , 19 95.

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

FIF FIFT

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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: TER -ORR INC (must include suffix) 2. The name and address of the registered agent and office is: POBERT ORRIS (NAME) 8913 WOTER LICY LONE (P.O. BOX OF Mail Drop BOX NOT ACCEPTABLE)				
TER -ORR INC (must include suffix) 2. The name and address of the registered agent and office is: Robert Orris (Name)	1. The name of th	e corporation is:		
(must include suffix) 2. The name and address of the registered agent and office is: Robert Orriginal (Name)				
	121	7,10 7,00	(must include suffix)	
	2. The name and		-	
	-			ale)
TAMPA FC 33635 (CITY/STATE/ZIP)	-	TAMPA	FL 33135 (CITY/STATE/ZIP)	

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) 8 - 3 - 9 5 (Date)