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SECRETARY OF STATE A
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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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'	rroposed corporate	name - must include st	ıffix) /	
Enclosed is an origina for :	al and one (1) co	opy of the articles o	of incorporation	and a check
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate y Required	
FROM:	Steve Name	(printed or typed)	arer_	/
	Bleidy	LIZ LAN. Address	5	13/95
	Kissimm Cm	AFC, FIA, Z	41744 (	
	1107-84		_	
	Daytime 1	Telephone number		

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

	ARTICLES OF	INCORPORATI	ON TALL
The undersigned incorp Corporation Act, hereb	orator(s), for the purpose by adopt(s) the following	of forming a corpora Articles of Incorpora	ANG 3 distribution under the FEE. FLORI
The name of the corpor	ARTICL ration shall be:  FRAMI A		RIDA

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

2629 HZ LANE Kissimmer, 7/A, 34744

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

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

Steven Shearer 2629 Liz Lane Kissimmer, 71A 34744

## 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):

Steven Shearer - 2629 Liz Lane . Kissimmer 7/17
34744

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

Signature

Signature

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

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OF FIGE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDAESTATUTES, 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:	TVLis	FRAM in	TWC
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2. The name and address of the registered agent and office is:

Steven Sheaver
(NAME)

2009 Liz Ane
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Kissmmee Ha 34744

(CITY/STATE/LIP)

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.

There Them Ingled 18 1995 (SIGNATURE)