P. O. Box 6327 Talahassee, FL 32314 , Inc. Re: 1 0000000 1 (2, 755) 766 1 -01705/96 - 01030 - 004 -+++122.50 - +++122.50

Gentlemen:

Secretary of State Division of Corporations

Enclosed please find the original and one copy of 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.

Waniel F. Troya (name of corporation) MAILING ADDRESS OF CORPORATION -

9 1995 R CHESSER JAN

PHONE (8/3) <u>230 9585</u> Ext.

2129 W. ARMENIA PL.

TAMPA, FL 336/2

Area Code

ARTICLES OF INCORPORATION

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DEI	(name of corporation)	——————————————————————————————————————
	of Incorporation, natural person(s) competent to e	ontract, hereby form #
ARTIC	LE 1 - CORPORATE NAME	i en
The name of the corporation is:		
λET.	INC	1/1 1/1
AL.	RTICLE II - DUIMTION	· · · · · · · ·
This corporation shall exist perpetually unless		Sal B
	RTICLE III - PURPOSE	10
	of engaging in any activities or business permitted	under the laws of the
	ICLE IV - CAPITAL STOCK	
The corporation is authorized to issue ONE	HUNDED shares (/00) of	DNE
Dollar(s) (\$ /. OO) par valu	e Common Stock, which shall be designated *C	Common Shares."
	TIAL REGISTERED OFFICE AND AGENT	
The principal office, if known, or the mailing		
ADDRESS 2129 ID DEMEN	in PL	
CHY TAMPA	ACHROPH	ZIP . 436./2
The name and street address of the Initial	Registered Agent of this Corporation is:	
	18	
	in PL	•
	PLORIDA	ZIP 336/2
	I - INITIAL BOARD OF DIRECTORS	
	by the By-Laws, but shall never be less than on	f directors may be either to (1). The names and
NAME DANIEL F. TROY	<i>'</i> A	
ADDRESS 2129 W. ACME		
CITY TAMPA	STATE FLORIDA	ZIP, 336/2
NAME		···
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CTTY	STATE	2!P

PAGE 1

The names and addresses of	the Incorporators signing these Articles of Inco	rporation are as follows:
NAME DAITIEL	F. TROYA	
ADDRISS 2129	W. ACINENIA EL.	
CTTY TAMOR		LOCIDA 21 336/2
NAMB		
ADDRUSS		·
air	STATE	ZIP '
NAMIS		
ADDRISS		
CTTY	STATE	ZIP
	Daniel F	(Scal) (Scal)
STATE OF FLORIDA COUNTY OF	SS uthorized to take acknowledgments in the State as	nd County set forth above, personally
April 7 Signature	Troya Frogisa	DRIVIRS LICENSE Form of Idealification
Signature		Form of Identification
known to me and known to be il me thatexecu	he person() v ho executed the foregoing Articles of Inuted these Articles of Incorporation, that I relied upon opposite each name, and that an oath () (was not)	ncorporation, who acknowledged before
HOTAAY RUBBER ST.	this 2/14 day of	scal in the County and State last aforesaid

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

В	and the second of the second o
	Florida Statutes Sections 48,091 and 607.0501, the following is submitted:
The above co	rporation, desiring to organize under the laws of the State of Florida with γ
its registered	l office as indicated in the Articles of Incorporation
at	2129 W. ARMERIA

	TAMOR, FLORISA 350/2

ACKNOWLEDGEMENT

within this state.

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.

Daniel F Troyon