## P9600000 3626 TRANSMITTAL LETTER

Dopartment of State Division of Corporations P. O. Box 6327 Tallahassoo, FL 32314 TAKE OVER, INC. SUBJECT: \_\_ (Proposed corporate name - must include suffix) 200001681762 -01/08/96--01085--012 \*\*\*\*\*70.00 \*\*\*\*\*70.00 Enclosed is an original and one (1) copy of the articles of incorporation and a check x \$70.00 \$78.75 \$122.50 \$131.25 Filing Foo Filing Foo & Cortificato Filing Fee, Certified Copy & Certificate Filing Fee & Cortified Copy Additional Copy Required FROM: IRENE WISE Name (printed or typed) 2253 CITRUS BLVD. Address LEESBURG, FLORIDA 32748 City, State & Zip (904) 365-6004

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

Daytime Telephone number

- B. REGIS .- JAN 1 1 1996

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## 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: TAKE OVER, INC.

ARTICLE II PRINCIPAL OFFICE

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

2253 CITRUS BLVD. LEESBURG, FLORIDA 32748

> ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES, COMMON

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

IRENE WISE 2253 CITRUS BLVD. LEESBURG, FLORIDA 32748

## 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):

TRENE WISE 2253 CITRUS BLVD. LEESBURG, FLORIDA 32748

EFFECTIVE DATE OF THIS CORPORATION SHALL BE: JANUARY 5, 1996

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

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

## 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:	TAKE OVER, INC.	
			12 S. S
2.	The name and address of the regist	ered agent and office is:	8
IRENE W		ISE	
		(NAME)	
		RUS BLVD.	DF1
	(P.O. Box	or Mail Drop Box NOT ACCEPTAB	LE)
	LEESBURG	FLORIDA 32748 (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.

Frence Wise 1. 5.1996
(SIGNATURE) (DATE)