## 28P6100001298C

TRANSMITTAL LETTER

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

Ducsiness Support (Proposed corporate name - must include suffix) 700001710367 -02/08/96--01057--005 \*\*\*\*131.25 \*\*\*\*131.25 Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$122.50 Z \$131.25 Filing Foo Filing Fee & Certificate Filing Fee, Filing Fee Certified Copy & Certified Copy & Certificate Additional Copy Required Name (printed or typed) 4395 CAROLUGOD

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

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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-Plunacia Bussiness Support

ARTICLE II PRINCIPAL OFFICE

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

RTICE

REPARATORICE

SERVICE

ARTICLE III SHARES

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

-10-

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BRION G WELLIA OR LANDO FL 32812

## 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):

Brian G Weren Zie 4395 Chrowwood ST OBCEMBO . FT 35815 DEDUCTIE MAIRS IN 11.P. 4395 CAROLWOODST OUC-01000 to 35815

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

267 day of Lowery, 1996. Signature

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: Propose 2 Pressuress S	upport INC
2.	The name and address of the registered agent and office is:	L.
	BRIAN GNAME)	WSTONE) 96 FEB.
	(P.O. Box of Mail Drop Box NOT ACCEPTABLE)	FILED FARY OF ST FOSTPER B AH ID:
	ORCONDO FL 32812	STATE R \$110HS

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.