

P96 0000 23674

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

MARCH 10, 1996

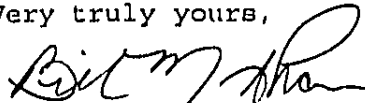
Reference: Julie Coggins Cleaning Systems, Inc.

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$ 70.00, this check represents the cost of the filing fees.

3000001741688
-03/13/96--01075--019
*****70.00 *****70.00

Very truly yours,



BILL M. SHAW

MAILING ADDRESS OF CORPORATION

Florida Landholdings, INC.

P.O. BOX 152779

Tampa, Florida 33684-2779

Phone (813) 287-5074

F. CHESSEY MAR 18 1996

ARTICLES OF INCORPORATION

of

JULIE COGGINS CLEANING SYSTEMS, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

JULIE COGGINS CLEANING SYSTEMS, INC.

MAILING ADDRESS: P.O. BOX 152779 TAMPA, FL. 33684-2779
ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue one thousand shares (1,000) of one
Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	BILL M. SHAW		
ADDRESS	550 N. REO STREET, SUITE 300		
CITY	TAMPA	FLORIDA	ZIP 33609-1065

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	JULIE COGGINS		
ADDRESS	508 CLOVERLEAF DR.		
CITY	LITHIA	STATE	FLORIDA
		ZIP	33547
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

ARTICLE VII - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

NAME	BILL M. SHAW/ BUSINESS MANAGEMENT ACCOUNTING SERVICES, INC.		
ADDRESS	550 N. NEO STREET, SUITE 300		
CITY	TAMPA	STATE	FLORIDA
		ZIP	33609-1065
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 11th day of MARCH, 1996.

Bill M. Shaw (Seal)
 _____ (Seal)
 _____ (Seal)

STATE OF FLORIDA)
) SS
 COUNTY OF HILLSBOROUGH)

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

BILL M. SHAW

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 11th day of March, 1996.

(Notary Seal)

Lisa A. Chiariello
 (Notary Public, State of Florida at Large)

My Commission expires:



LISA A CHIARIELLO
 My Commission OC434888
 Expires Jan. 23, 1999
 Bonded by HAI
 800-422-1886

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF**

JULIE COGGINS CLEANING SYSTEMS, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at **550 N. REO STREET, SUITE 300**


TAMPA, FL. 33609-1065

has named **BILL M. SHAW**

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation at
the place designated in this certificate, I hereby accept to act in this capacity, and agree
to comply with the provisions of Florida Law in keeping open said office.


(registered agent)

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of

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(name of corporation)

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Bill M. Shaw (Seal)
 _____ (Seal)
 _____ (Seal)

STATE OF FLORIDA)
) SS
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before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

BILL M. SHAW

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(Notary Seal)

Lisa A. Chiariello
 (Notary Public, State of Florida at Large)

My Commission expires:



LISA A CHIARIELLO
 My Commission CO434888
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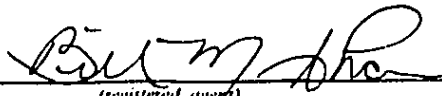
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