096000024918 TRANSMITTAL LETTER

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

SUBJECT:		name - must include s	uffix))21.[11] 702.4	00000 1 77890 50865 479601083016 478,75 4*4*478,78	
Enclosed is an original for:	nal and one (1) co	py of the articles	of incorporation a	and a check	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate y Required	W96-5008 502	
FROM		ANDREW AUGUST Name (printed or typed)			
		Address ON BEAC	RIVER 1 H, Fl.	RUN 33437	
	407-73	7, State & Zip 36 - 69 4 4 Telephone number			

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



March 6, 1996

ANDREW AUGUST 8943 INDIAN RIVER RUN BOYNTON BEACH, FL 33437

SUBJECT: TIMER INC.

Ref. Number: W96000005008

We have received your document for TIMER INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6927.

Kathy Hyman Document Specialist

Letter Number: 896A00010068



SECRETARIAN SOLUTION OF ANY POLICY OF ANY PO

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:

TIMER UNLIMITED INC

ARTICLE II PRINCIPAL OFFICE

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

8943 INDIAN RIVER RUN BOYNTON Beach, Fl. 33437

ARTICLE III SHARES

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

100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANDREW AUGUST 8943 INDIAN RIVER RUN Boynton Brach, Fl. 33437

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):

ANDREW ALLOWST 8943 INDIAN RIVER Run Boynton Beach, Fl. 33437

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

29 day of Feb , 19 96.

Signature

Signature

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

Signature

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:			
	TIMER	UNLIMIT	ED INC.
2. The name and address of the r	egistered agent and office	is:	
PNI	DREW A	UGUST	9.6 5.00 (19.10) 13.50 (19.10)
	(Name)		
894.	(NAME) 3 INDIAN D. Box or Mail Drop Box NOT	RIVER	RUNG
(P.C	D. Box or Mail Drop Box NOT	ACCEPTABLE)	- E 000
Boyn	nton 13 each	, F1, 3	33437皇寶
	(CITY/STATE/ZIF)		_ 0- 5

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.

Chalen Lugaret 2-29-96
(SIGNATURE) (DATE)