P9600030957 FINES TRANSMITTAL LETTER

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

SUBJECT: THE Compact Range Complete Mail Supplies, Tree. (Proposed corporate name - must include suffix) 200001768**57**2 -04/03/96--01121--008 ####131.25 *###131.25 Enclosed is an original and one (1) copy of the articles of incorporation and a check for: **1** \$131.25 \$122.50 ີ \$78.75 \$70.00 Filing Fee, Filing Fee & Certified Copy Filing Fee & Certificate Filing Fee Certified Copy & Certificate Additional Copy Required FROM: Name (printed or typed) TENUESTA FL City, State & Zip 401 - 575 - 1705 Same Person has Daytime Telephone number

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

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 Autology of Tanasana and Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLEI NAME

The name of the corporation shall be:

THE CHAMPERAMA, Complete, Hail Supplies, Two.

ARTICLE U PRINCIPAL OFFICE

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

121 NORTH 115 Hary I TEQUESTA, FL 33477

> SHARES ARTICLE III

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

KATHLEEN PORTER 121 NORTH U.S. Hary I TEGUESTA FL 33477

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and st	reet address(es) of the incorporator(s) to these Articles of Incorporation is(are):
KATHLEEN	PORTER, PRES.

KATHLEEN VORTEN, 1485.
1420 WOMAN Way IF 310.
Supiler, F. 33477

SANDAN PORTER, SECT, TROS.
1420 WOMAN Way 4 170.
Supiler, F. 33477

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

2 day of <u>APRIL</u>, 19 96.

(An additional article must be added if an effective date is requested.)

-Kuthleen Porter Tresedent Signature

Sandra Porter Signature

Signature

Notarization is not required

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:	THE GLAMOURAMA, COMP	12 575.			
2. The name and address of the registered agent and office is:					
KAHALEE	(NAME)	S. T.			
	Box or Mail Drop Box NOT ACCEPTABLE)	22.1			
TERUSE	CITY/STATE/ZIP)	55			

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.

Hatthern Porter (SIGNATURE)	4-2-96 (DATE)
(SIGNATURE)	(DATE)