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TRANSMITTAL LETTER

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

1 CO BOOK 1 717 22 719 1 04/03/96-01032-012 ++++78.75 +++476.75

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SUBJECT:	SPARK OF LIFE, INC.	
	(proposed	corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$78.75______.

P.O. Box 1430
Address

Melrose, Fl. 32666
City, State, & Zip

(352) 475-2100
Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

ARTICLES OF INCORPORATION

FILED

<u>OF</u>

96 APR -8 PH 1: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SPARK of LIFE, INC.

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:

SPARK OF LIFE, INC.

ARTICLE II PRINCIPAL OFFICE

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

6275 PAYNE RD. MELROSE, FL. 32666

ARTICLE III CAPITAL STOCK

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

100

100

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MELANIE M. GROGAN 6275 PAYNE RD. MELROSE, FL. 32666

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MELANIE M. GROGAN 6275 PAYNE RD.

MELROSE, FL. 32666

The undersigned has(have) ex	ecuted these Articles of Incorporation this
day of .	<u>April</u> , 19 <u>96</u> .
,	Mefany Signature Title PRESIDENT
	Signature/l'itle
	Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Fiorida Statutes, the undersigned corporation, organized under the laws of the tate of Fiorida, submits the following statement in designating the registered office/registered agent, in the state of Fiorida.

1.	The name of the corporation is: Spark. Of Life, Inc.
2.	The name and address of the registered agent and office is: MELANIE M. GROGAN (NAME)
	(P.O. BOX NOT ACCEPTABLE)
	MELROSE, FL. 32666 (CITY/STATE/ZIP)
	SIGNATURE MUNICIPALITY (corporate office) TITLE PRESIDENT
	DATE <u>April 4, 1996</u>

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.

DATE April 4, 1996

REGISTERED AGENT FILING FEE: \$35.00