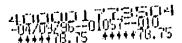
TRANSMITTAL LETTER

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



\$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	
FROM:	N	S. Score	<u> </u>	96 APR
	_2057	Taylor Ru Address	•7	-8 PII
	Andre	rus AFB NU ity, State & Zip	70767	1: 17

SUBJECT: The Interface Group, Incorporated

(Proposed corporate name - must include suffix)

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

ARTICLES OF INCORPORATION

DIVISION OF CORPORATIONS

96 APR -8 PH 1: 17

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:

The Interface brough, Interpreted

ARTICLE II PRINCIPAL OFFICE

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

The Interface broys, Inayworders 578 St Agustine Court Oviedo, FL 32765

ARTICLE III SHARES

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

laco stores

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

William S. Burgess 518 St Augustine Pourt Oxiedo, #1 32765

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);

William & Bugest 578 St Projestine Court Oriede FL 32765

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

611 day of April , 19 96.

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

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

SECRETAR OF STATE DIVISION OF CORPORATIONS

96 APR -8 PM 1: 17

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 Interface Comp Interpress for
2,	The name and address of the registered agent and office is:
	William S. Berress (NAME)
	(P.O. Box of Mail Drop Box NOT ACCEPTABLE)
	Circula Florida 32765

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.

(SIGNATURE) (DATE)