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Longwood City/State	フレ 32750 /Zĺp Phone #	Office Use On	
CORPORATION	NAME(S) & DOCUMENT NUM	BER(S), (if known):	- ··· <u> </u>
(Cor	WSR 4.36 J	Cument #)	
2,(Con	poration Name) (Do	cument #)	
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NEW FILINGS	AMENDMENTS		
Profit	Amendment		, ru2
NonProfit	Resignation of R.A., Officer/ Direct	10r ~6\0	11542
Limited Liability	Change of Registered Agent		-
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OTHER FILINGS	REGISTRATION/20		
Annual Report	A QUALIFICATION		AHIO: 56
Fictitious Name	Foreign		SE SE
Name Reservation	Limited Partnership	•	
	Reinstatement	AL JUN-1-1	-1996
	Trademark		
	Other		

Examiner's Initials

CR2E031(1/95)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 31, 1996

NORMAN KAGAN 1650 FOREST STREET LONGWOOD, FL 32750

SUBJECT: 249 WSR 436 INC. Ref. Number: W96000011542

We have received your document for 249 WSR 436 INC, and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

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) 487-6928.

Agnes Lunt Corporate Specialist

Letter Number: 496A00027233

FIL.ED

ARTICLES OF INCORPORATION

96 JUN 11 AN 10: 56

249 WSR 436 INC.

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OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

THE UNDERBIGNED INCORPORATOR(B), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(B) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE 1 NAME

THE NAME OF THE CORPORATION BHALL BE: 249 WSR 436 INC.

ARTICLE II NATURE OF THE BUSINESS

THIS CORPORATION MAY ENGAGE IN ENGAGE IN OR TRANSACT ANY OR ALL LAWFULL ACTIVITIES OR BUSINESS PERMITTED UNFER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITOR OR NATION.

ARTCLE III CAPITAL BTOCK

THE AGGREGATE NUMBER OF SHARES OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE DUTSTANDING AT ANY ONE TIME IS: 500 shares.at \$1.00 per share.

ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTURS

THE NAME (8) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(8) AND DIRECTOR(8), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR(S) IS(ARE) ELECTED, IS(ARE): NORMAN KAGAN, 1650 FOREST STREET, LONGWOOD, FLORIDA, 32750

(THE ABOVE IS THE MAILING ADDRESS OF THE COMPANY)

ARTICLE VI INCORPORATOR (B)

THE NAME(8) AND STREET ADDRESS(ES) OF THE INCORPORATOR(8) TO THIS ARTICLES OF INCORPORATION IS(ARE) NORMAN KAGAN

1650 FOREST STREET, LONGWOOD, FLORIDA, 32750

(THE ABOVE IS THE MAILING ADDRESS OF THE COMPANY)

		SIGNAT	URE (S)	OF INC	DRPORA	TOR(S)
			1	<u></u>		
STATE OF FLORIDA		•		•		
COUNTY OF S <u>EMINOLE</u> THE FOREGOING INSTRUMEN THIS <u>16th</u> DAY O) 8WORN 19 <u>96</u>		FORE ME
NORMAN KAG	AN OF INCORPO	RATOR	>			

FAYE L. PATTERSON
My Comm Exp. 3/16/97
Bonded By Service Ins
No. CC266873
Manual Manual Control

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CERTIFICATE DEBIGNATING TALLAHASSEL FLORIDA REGISTERED AGENTZREGISTERED OFFICE

PURBUANT TO THE PROVIBIONS OF SECTION 607.325, FLORIDA STATU ES, 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 18: 249 WSR 436 INC.	
	,
2. THE NAME AND ADDRES OF THE REGISTERED AGENT AND	OFFICE 191
NORMAN KAGAN	!
1650 FOREST STREET (MAILING ADDRESS OF COMPANY)	
(P.O. BOX NOT ACCEPTABLE)	
LONGWOOD, FLORIDA, 32750	
(CITY/STATE/ZIP)	
SIGNATURE	
(COHPORAT	re OFFICER)
TITLE PRESIDENT	· · · · · · · · · · · · · · · · · · ·
DATE MAY 16,1996	
HAVING BEEN NAME TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHE COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.	CERTILICATE, R AGREE'TO TO THE PORPER THE DLITIES
SIGNATURE	
DATEMAY 16,1996	