99600054745 TRANSMITTAL LETTER

Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 32314	រត	•				
SUBJECT: 1 (000 1000 (Proposed corporate name - must include suffix) -06/26/96-01120-001 *****131.25						
Enclosed is an original and one (1) copy of the articles of incorporation and a check						
for : \$70.00 Filing Fee	\$78.75 Filling Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate			
FROM:	K o R R	Additional Copy		llex Cooper		
2791 58 StN						
At. Peterslung, 7l 33710 City, State & Zip						
B 13 345 - 010,2 (D) 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 Articles of Incorporation.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

12791 53 1271 St. Petersburg 710 33710

ARTICLE III SHARES

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

1000 shares

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

Kelley Cooper 279158 St n. St. Peterslung, 7-0 33710

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):

Killey Carper 2791 53.5001 De Petersleurg, 72 33710 Perspesso - Mortgage Decessing

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

15th day of June 1996.

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

Kelley Coper
Signature

Signature

Notarization is not required

Signature

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:	Sommion, No.	ityage
2.	The name and address of the reg	istered agent and office is:	
	12011	(NAME)	FI 95 JUN 2 CASTRAN TALLANAS
	(P.O.1	Box or Mail Drop Box NOT ACCEPTABLE)	SELUCIO PARILIPO
	<u>5t. 1</u>	CITY/STATE/ZIP) 3	37/8)

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.

Kelly Course 15 June 96
(SIGNATURE) (DATE)