P96000054809

TRANSMITTAL LETTER

(Proposed corporate name - must include suffix)

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

900001876348 -06/26/96--01077--006 *****78.75 *****78.75

Enclose	ed is an origina	al and one (1) co	py of the articles of incorporation and a		and a check	
	### \$70.00 Filing Fee	#78.75 Filing Fee & Certificate	#122.50 Filing Fee & Certified Copy Additional Copy	#131.25 Filing Fee, Certified Copy & Certificate y Required	FIL 95 JUN 25 系L/新永朝	
FROM: LISA MCCARROLL Name (printed or typed)					PH 3	
		222 LE	: 49 TATE ORIDA			
	1	PAIM BEACH GARDENS, FLA. 33418 City, State & Zip				
/me/	w/a6		22.8874 Telephone number	· · · · · · · · · · · · · · · · · · ·		

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

ARTICLES OF INCORPORATION

FILED

96 JUN 25 PH 3149

SECREMAN OF STATE
The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business LORIDA
Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MCKAREN DESIGN ASSOCIATES INC.

ARTICLE II PRINCIPAL OFFICE

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

222 LEGENDARY CIRCLE
PAIM BEACH GARDENS, Fla. 33418

ARTICLE III SHARES

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

100 (ONE HUNDRED)

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

LISA MARIE MCCARROW.

222 LEGENDARY CIRCLE

PAIM BEACH GIRPDEN, Fla. 33418

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):

LISAMMCCARRON (PRESIDENT)

· Z'ZZ LEGENDARY CIKCLE

PAIN BEACH GIARDENS, FIA. 33418

The un	dersigned i	ncorporator(s) has	(have) executed these Articles of Incorporation this
15	_ day of _	MAY	, 19 <u>9le</u> .
(An add	itional arti	cle must be added	if an effective date is requested.)
		hiallhe	Cauon
	•		Signature
	•		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

FILED 96 JUN 25 PH 3: 49

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATETES STHE FLURIUA 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.

ı.	The name of the corporation is: MCKAPEN DESIGN ASSOCIATES TRIC.
2.	The name and address of the registered agent and office is:
	LISA M. McCARROW (NAME)
	222 LEGENDARY CIKELE (P.O. BOX OF MAIL Drop BOX NOT ACCEPTABLE)
	PALU BEACH GARDENS, FIB. 33418 (CITY/STATE/ZIP)

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.

Lie M. M. Caure 5/15/96
(SIGNATURE) (DATE)