P9600061820

Date

June 18, 1996

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

8000001875868 -06/26/96--01041--007 +*+*122.50

Re:	W & E Enterprises	. Inc.
	(name of corporation)	

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

W96-13654

W & E Enterprises, Inc.
(name of corporation)

MAILING ADDRESS OF CORPORATION

3101 SW 34th Avenue, Suite#421

Ocala, FL 34474

PHONE

(352) 595-8758

Area Code Number Ext.



June 27, 1996

EVANGELINE ROCHEFORT 3101 S.W. 34TH AVENUE, SUITE 421 OCALA, FL 34474

SUBJECT: W & E ENTERPRISES, INC. Ref. Number: W96000013654

We have received your document for W & E ENTERPRISES, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6927.

Kathy Hyman Document Specialist

Letter Number: 396A00031893

DATE July 7, 1996

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

Re:	Magne-Car	re Products	, Inc.
_	(Name of	Corporation)	

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122,50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

A Check was sent
in the amount of
\$122.50 for well E
ENTERPRISES, INC. The
Mame Could not be
Deplicated and Everything
was sent back Accept
the check. Please
Apply that check
For this Incorporation

Evangeline Of restator

Magne-Care Products
(Name of Corporation)

MAILING ADDRESS OF CORPORATION

3101 SW 34th Avenue, Suite #421

Ocala, FL 34474

PHONE

(352) 595-8758

Area Code Number Ext.

ARTICLES OF INCORPORATION

		OI	<i>t</i> **.
		Magno-Care Products, Inc.	ge (FILED
		(name of corporation)	301 22 1111
The undersign the following article	ed acting as the incorporates of incorporation for suci	or Magno-Care Products, Inc. (name of corporation) tors of a corporation under the Florida Busines a corporation:	Seporation Act, adopt(s)
		ARTICLE I - CORPORATE NAME	
The name of th	ne corporation is:		
	Magr	e-Care Products, Inc.	
		ARTICLE II - DURATION	
This corporatio	n shall exist perpetually u	nless dissolved according to Florida law.	
		ARTICLE III - PURPOSE	
The corporation United States and the	i is organized for the purposes State of Florida.	ose of engaging in any activities or business p	ermitted under the laws of th
		ARTICLE IV - CAPITAL STOCK	
The corporation	is authorized to issue 1	.000 shares of common stock, par value \$	per share
The street addre	ARTIO	CLE V - INITIAL PRINCIPAL OFFICE office and, if different, the mailing address is:	
STREET ADDRESS			
3101 S	SW 34th Avenue, S	Suite #421	
CITY Ocala		FLORIDA	ZIP 34474
Mailing addres	s, if different		
STREET ADDRESS			
			· · · · · · · · · · · · · · · · · · ·
CITY		FLORIDA	ZIP
	ARTICLE VI - II	NITIAL REGISTERED OFFICE AND AGE	ENT
The street addre	· ·	ed office and the name of the initial registe	
NIA 6 477	n C. Yager	Togisti	agon at the office is.
ADDRESS 2452 N			
CITY Ocala	- ord poreer	FLORIDA	ZIP 34470
		. 25/110/1	ZIP 34470

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have _____two ____(__2___) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

CITY		STATE		ZIP
ADDRESS				
NAME				
CITY	Ocala	STATE	Florida	ZIP 34474
ADDRESS	3101 SW 34th Avenue, Suite #421			
NAME	Evangeline O. Rochefort			
CITY	Ocala	STATE	Florida	ZIP 34474
ADDRESS	3101 SW 34th Avenue, Suite #421			***************************************
NAME	Walter H. Rochefort			

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Walter H. Rochefort		
ADDRESS	3101 SW 34th Avenue, Suite #421		
CITY	Ocala	STATE Florida	ZIP 34474
NAME	Evangeline O. Rochefort		
ADDRESS	3101 SW 34th Avenue, Suite #421		
CITY	Ocala	STATE Florida	ZIP 34474
NAME			•
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed t	hese Articles of Incorporation this
day of Ouly	, 19 <u>96</u> .
	(e) ce le 14 Pc. A. (Signature)
Barbara J. Abraham	Enter ge (in O () or la to (Signature)
MY COMMISSION & CCS24436 EXPIRES January 11, 2000 BONDED THU TROY FAM INSURANCE, INC	(Signature)

CEKTIFICATE OF DESIGNATION REGISTERED AGENTY REGISTERED OFFICE

SECRETARIASSICA, FLORIDA

	ONIOA
Magne-Care Products, Inc.	_
(name of corporation)	

has named Stephen C. Yager

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

(Daté)