PSOCOSOGO 295 (SAMPLE LETTER OF TRANSMITTAL)

DATE

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

Re: FLUSH INC. , Inc. 15 1508 -08/07/96-01032-008

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.

Douglas Sufficie

FUSH NC.

(Name of Corporation)

MAILING ADDRESS OF CORPORATION

FLUSH IN O.

4706 S. LETELINE

CORK, GABLES B.

33146

PHONE

(305) 662-7220

Area Code Number Ext.

ARTICLES OF INCORPORATION of FLUSH / N.C. (name of corporation) The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: FLUSH / N.C. ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ______ shares of common stock, par value \$ _____ per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

HTY CORAL GABLES	FLORIDA	ZIP 33144
Mailing address, if different		
TREET ADDRESS		

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	DOUG	GRIFFIN		
ADDRES	is 4706	S. LETELNE.		
CITY	Corde	hABLES	FLORIDA	ZIP 33 146

· man of many of the contract	TAL BOARD OF DIRECTORS directors initially. The	ie number of directors may be
ither increased or diminished from time to time by the By ddresses of the initial director(s) of the corporation are as	-Laws, but shall never be less tha	n one (1). The names and
NAME DOUG GRIFFIN ADDRESS 4706 S. LEITEUNE CITY COPAL GABLES		
ADDRESS 4706 S. LEJEUNE		
CITY COPAL GABLES	STATE FL	zn <i>33146</i>
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME DOUG GAPPIN ADDRESS 47065, LESEYNE CITY CORAL GABLES		724
ADDRESS 47065, LESELINE		
CITY CORAL GABLES	STATE F2	ZIP 33/4/L
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these day of	Articles of Incorporation this	
	Noughes the	
		(Signature)

_ (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FUSH INC	SECTION SERVICES OF SECTION OF THE S
(name of corporation)	1.×

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

as indicated in the Articles of incorporation	
at 4704 S. LEJEUNE	
CORAL GABLES FL. 33146	
has named Dod 6 GRIFFIN	
located at the aforesaid address, as its registered agent to accept service of processing	ess within this

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.

Poreflet Gignature) 82-96 (Date)

state.