(Proposed corporate name - must include suffix)

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

400001925594 -08/19/96--01046--004 ****122.50 ****122.50

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required	SECTION 19
FROM:		COLLINS (printed or typed)		9 PN 12: 17
	<u>ל פורר </u>	FORE STAY	DRIVE	SEE A
	LAKE	OORTH FU	05175	33467

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

AUG 2 0 19961 355

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check \$122.50 7 \$131.25 \$70.00 \$78.75 Filing Fee & Certificate Filing Fee & Certified Copy Filing Fee, Filing Fee Certified Copy & Certificate Additional Copy Required FROM: TTIQ FORESTAY City, State & Zip 33467

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

Scal - 439 - 4304 Daytime Telephone number

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. Se His lo pale 1.

ARTICLE I NAME

The name of the corporation shall be:

RETIRE-NET INC.

ARTICLE II & PRINCIPAL OFFICE

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

OFFICE - 7712 FORESTRY DRIVE LAKE WORTH, FLORIDA 33467

MAILING AMBRESS - 6346.65 LALTAWA COAD

LAKE WCOTH FLEDIDA 33463

ARTICLE III SHARES

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

OUE THOUGADD (1,000) SHADES

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and address of the initial registered agent is:

GARY COLLINS
TTIZ FORESTAY DRIVE
LAKE WORTH, FLORIDA 33467

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):

\	CARY COLLINS THIS FORESTAY DOINE LAKE GCOTH, FLORING 33467
.	TURENICLE DU 18438 HCI BOX 219-61 ZURIEZ BOXINEO
ઢ	TIMOTHY CARLSONI HALL CLOVERLAWN DRIVE BRIGHTON FLICHICAN HOLLS

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

1371 day of AUGUST	. 19 <u>96</u> .
(An additional article must be added if a	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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA ST. TUTES, 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:	RETIPE-NET	INC	
2.	The name and address of the regis	ered agent and office is:		
	Coon	COLLINS (NAME)	TANK SO TO	,
	7712 F.C (P.O. Box	ORESTAN DRIVE COT Mail Drop Box NOT ACCEPTABLE)	19 PHI	
	LAKE W	(CITY/STATE/ZIP)	33407 靈言	res ^a

Having been named as registered agent and to accept service of process j w 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 pro-isions of all statutes relating to the proper and complete performance of my duties, and I am familia with and accept the obligations of my position as registered agent.

(SIGNATURE) (DATE)