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BLINDFAITH 481 S.W. WHITMORE DRIVE PORT ST. LUCIE, FL 34984

96 SEP -5 PH 2: 47

SEG: TALLAF?

7703. 080**3**.

DATE 9-3-96

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

BLINDFAITH, INC.

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

[] \$70.00

[] \$78.75

[] \$122.50

[>] \$131.25

Filing Fee

Filing Fee & Certificate Filing Fee & Certified Copy Filing Fee, Certified Copy

opy & Certificate

Please return the photocopy to me with the filing date stamped on it.

FROM:

GARY MEALY

481 S.W. WHITMORE DRIVE PORT ST. LUCIE, FL 34984

<u>56/878-6/3/</u>
(Daytime Phone Number)

Thank you,

GARY MEÁLY

agav

Articles of Incorporation

The name of the corporation is: l.

96 SEP -5 TH 2 H

BLINDFAITH, INC.

The principal place of business and mailing address of the corporation is: 2.

> 481 S.W. WHITMORE DRIVE PORT ST. LUCIE, FL 34984

- The corporation shall have the authority to issue 100 shares of common stock, in one class 3. only, each with a par value of \$1.00.
- The registered agent of the corporation is GARY MEALY, and the registered address is 4. 481 S.W. WHITMORE DRIVE, PORT ST. LUCIE, FL 34984.
- The initial Board of Directors shall have __I_ Board Member(s) whose name(s) and 5. address(es) is/are as follows:

GARY MEALY 481 S.W. WHITMORE DR. PORT ST. LUCIE, FL 34984

The incorporator of this corporation is GARY MEALY whose address is 481 S.W. 6. WHITMORE DRIVE, PORT ST. LUCIE, FL 34984.

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 am familiar with and accept the obligations of my positions as registered agent.