# POLOCO TRANSMITTAL LETTER CONT 15 M 7/81

Millian . . . . . . Levilla

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

SUBJECT:		ons Inc.	fix)	
Enclosed is an original for:	and one (1) co	py of the articles of	incorporatio	= 10001948242 -1976796=01065-003 -197678.75 n 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 Copt & Certificate Required	•
FROM:	Name (	printed or typed)  Clipe wither  Address  Dorg  F()	Dr.	<b></b>
	ys-	7 - 579 - 60	6	917/16

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

## ARTICLES OF INCORPORATION

25000 15 AH 05 BH

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.

#### ARTICLE I NAME

The name of the corporation shall be:

#### ARTICLE II PRINCIPAL OFFICE

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

#### ARTICLE III SHARES

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

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

#### 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);

George E. Smith Tr. Birs/Smc/Trens 1921 Edge water Dr. Mt. Dara, FL 32757

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

13+5 day of September , 19 96.

(An additional article must be added if an effective date is requested.)

Signatur

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

1357P 15 74 OFF

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, 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:	De	Productions	Der.		
2. The name and address of the reg	istered agent and o	office is:			
<u></u>	(NAME)	Smith Jr			
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)				
mt.	Dora (CITY/STATE/	F1 32757			

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) 7-13-76 (DATE)