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TRANSMITTAL LETTER OCT 23 PH 141 143

SECRE IMITY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:	Proposed corporate	Bond (er), name - must include suffix) BOODD 1 9842683 -10/23/9601069010 *****78, 75 *****78, 75
Enclosed is an origina for : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy & Certificate Additional Copy Required
FROM:	250 Imp 19 City	Address F/ 33619 State & Zip 3 - 6269648 Telephone number Address THOMALICAL ADMINISTRATION OF THE STATE OF THE STAT

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

FILED

96 OCT 23 PM 4: 43

ARTICLES OF INCORPORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

Folio Buil Found Coff.

ARTICLE II PRINCIPAL OFFICE

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

2506 OBjet Rd. TOPA F/ 336/9

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 Shures @ 41 PM Value

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and address of the initial registered agent is:

2506 ORint Rd. TAPA E/ 33619

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

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

14 day of oct 19 96.

Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

FILED

CERTIFICATE OF DESIGNATION OF SECRETARY OF STATE TALL AHASSEE, FLORIDA REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: 100 160 1500 1500 1500 1500 1500 1500 1	<u> 13.</u>
	
2. The name and address of the registered agent and office is:	
Reduces C Fisher	
(Name)	
2506 ORien + Rd.	
(P.O. Box or Mail Drop Box NOT acceptable)	
TPA F/ 33619	
(City/State/Zip)	

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.

) - 10 - 14 9 6 (Date)