P960000838585,43

2917 WEST STATE ROAD 434, SUITE 131 LONGWOOD, FLORIDA 32779 (407) 774-1040 ~ (407) 774-1041 FAX

October 18, 1996

Return 30

Attorney's Title Insurance Fund, Inc. 660 E Jefferson, Suite 200 Tallahassee, FL 32301

800001984318---6 -10/23/96--01061--009

Dear FUND:

Enclosed are the Articles of Incorporation for FERNAZ, INC. along with a copy of the Articles.

We have also enclosed a check in the amount of \$78.75 for the fiting fees. Please file these today and return them to us. Please bill us through the FUND, our member number is 17284.

If you have any questions or comments regarding the above, please do not hesitate to contact us.

Respectfully,

ANSELMO & ASSOCIATES, P.A.

-By: Jodie G. Smith

ADMINISTRATIVE ASSISTANT

Enclosures

Barbara - & Fernaz - you am still holding check yesterday

(E) WNF Che - 15 new - unclosed is check.

`,



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 23, 1996

ATTORNEY'S TITLE INSURANCE FUND, INC. 660 EAST JEFFERSON STREET SUTIE 200 TALLAHASSEE, FL 32301

SUBJECT: W N F ONE INC. Ref. Number: W96000022611

We have received your document for W N F ONE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6972.

Doris Brown Document Specialist Letter Number: 896A00049018G

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.

ARTICLE I NAME

The name of the corporation shall be:

MNF ONE INC.

FILED OCT 24 PX

ARTICLE II PRINCIPAL OFFICE

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

860 E. SEHORAN BLUD CASSELBERRY, FL. 32707

ARTICLE III SHARES

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

100 000 COMMON SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

FRANCO FERRARI, RECISTERED AGENT

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):

WILLIAM J. HARCELLO - PRESIDENT 3837 LAKE EMMA Rd. LAKE MARY, FL. 32746

MOHAMMAD AFZAL NAZ - SECRETARY

5934 AUVERS BLUD. APT. 201

ORLANDO, FL. 32782

FRANCO FERRARI - TREASURER 860 E. HWY 436 CASSELBERRY, FL. 32707

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

22 day of OCTOBER , 19 96

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

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 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.

i.	The name of the corporation is:	MNF	ONE	NC.			
2.	The name and address of the regis	stered agent and of	Tice is:	····	, <u>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>		
	FRANCO	FERRAR) (NAME)		· · · · · · · · · · · · · · · · · · ·		96 OCT	لىل ت
	860 E. (P.O. Bo	MWY 436 ox or Mail Drop Box 1	OT ACCEPTABL	.E)		24 PH	ILED
	CASSELB	ERRY FL.	32107 IP)	_	TATE	2: 41	

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) 10 - 22 - 96
(DATE)