

P96000094202

TRANSMITTAL LETTER

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

900001991169--3
-10/30/96--01118--015
*****35.00 *****35.00

SUBJECT: Enchanted Inspections Inc.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of Incorporation for the above corporation and check in the amount of \$ 35.00.

FROM:

Paul Surja
Name
12291 NW 33. St.
Address
Sunrise FL 33323
City, State, & Zip
(954) 328 8413
Telephone Number

900001991169--3
-11/22/96--01079--009
*****87.50 *****87.50

Paul GAVE
AUTHORIZATION BY PHONE TO
CORRECT Name
DATE 11-15-96
DOC. EXAM. BR

FILED
96 NOV 18 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Additional copy of articles is needed only when certified copy is requested.

435.00 for 10.00
789,593,509,135,671
W96-23505



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State

November 6, 1996

PAUL A GARZA
12291 NW 33 ST
SUNRISE, FL 33323

SUBJECT: ENCHANTED INSPECTIONS INC.
Ref. Number: W96000023505

We have received your document for ENCHANTED INSPECTIONS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are returning your check for \$35.00 to be replaced by one in the correct amount of \$122.50.

The corporate name must be identical throughout the document.

The document is illegible and not acceptable for microfilming.

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) 487-6919.

Beth Register
Corporate Specialist Supervisor

Letter Number: 296A00050877

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.

ENCHANTED INSPECTIONS INC.

ARTICLE I NAME

The name of the corporation shall be:

ENCHANTED INSPECTIONS INC.

ARTICLE II PRINCIPAL OFFICE

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

Paul A. Garza
12291 N.W. 33St.
Sunrise, Fl. 33323

FILED
95 NOV 18 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

500 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Paul A. Garza
12291 N.W. 33 St.
Sunrise, Fl. 33323

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

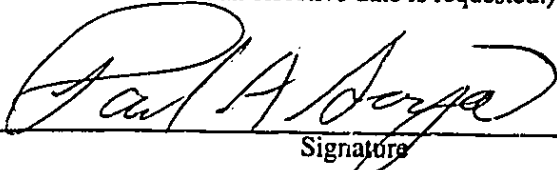
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Paul A. Graza
12291 N.W. 33 St.
Sunrise, Fl., 33323

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

10 day of Nov., 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.

1. The name of the corporation is:

ENCHANTED INSPECTIONS INC.

2. The name and address of the registered agent and office is:

Paul A. Garza

(NAME)

12291 N.W. 33 St.

(P.O. Box or Mail Drop Box **NOT** ACCEPTAE)

Surprise, FL 33323

(CITY/STATE/ZIP)

FILED
96 NOV 18 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 th's 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.

Paul A. Garza
(SIGNATURE)

11/10/96
(DATE)