# P9600099752

Date: 11/22/96

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

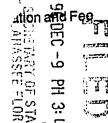
Re:	BRETT	RYAN	, Inc.
		(name o	f corporation)

### Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incc., for Registered Agent Designation for the above named corporation.

Very truly yours,



(individual's name)

BRETT RIAM, INC.
(name of corporation)

MAILING ADDRESS OF CORPORATION

Address: 1951 10TH AVE N

City: LAKE WORTH

State: FL Zip: 3346

Phone (407) 586-6999 Ext. N/A-

13/19

## ARTICLES OF INCORPORATION OF THE PAN INCORPORATES (name of obsporation)

(	name or corporation)	
The undersigned subscriber(s) to these Articl hereby form a corporation under the laws of t	es of Incorporation, natural he State of Florida.	person(s) competent to contract,
ARTICI	LE I - CORPORATE NAME	FW 10
The name of the corporation is:		ARPORATED ES A "I
DRETT	RYAN INCO	RYORATED TO THE
AR This corporation shall exist perpetually unless	ITICLE II - DURATION	Color I process
•		मिरिक्क <b>न्छ</b> ्यानुस्य
AF The corporation is organized for the purpose laws of the United States and the State of Flo	RTICLE III - PURPOSE of engaging in any activities orida.	
The corporation is authorized to issue	CLE IV - CAPITAL STOCK VE HUNDLED Common Stock, which shall	shares ( 500 ) be designated "Common Shares".
ARTICLE V - INITIA The principle office, if known, or the mailing a	L REGISTERED OFFICE Address of the corporation is	
NAME BRETT RYAN	IN CORPORAT	EQ
ADDRESS 1951 10 TH AV	IE N	
CITY LAKE WORTH	FLORIDA	ZIP 33 46
The name and street address of the Initial Re	gistered Agent of this Corpo	oration is:
NAME PAUL S. PEFLE	Y TIE	
NAME PAUL S. PEFLE ADDRESS 1951 10TH AVEN		
CITY LAKE WORTH, FL	FLORIDA	zip33461
ARTICLE VI - This corporation shall have ONE ( / increased or diminished from time to time by and address of the initial director(s) of the cor	the By-Laws, but shall neve	number of directors may be either
NAME PAUL S. PEFLE	Y TIL	
ADDRESS 1533 SW SEA		
CITY PALM CITY	STATE FL	ZIP 34990
•		
NAME /		
ADDRESS N/A		
CITY	STATE	ZIP
NAME //		
ADDRESS N/A		710
CITY Addison of the composition	STATE Page 1	ZIP
Articles of Incorporation	rayo i	

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators aligning these Articles of Incorporation are as follows:

NAME PAUL S. PEFLE	/ TIT	
ADDRESS 1533 SW SEA	•	- 1-20
CITY PALM CITY	STATE FL	ZIP 34990
,		
NAME	<del>,</del>	
ADDRESS N/A		
CITY	STATE	ZIP
NAME		
ADDRESS N A		710
CITY	STATE	ZIP
IN WITNESS WHEREOF, the undersign	ed subscriber(s) have exec	uted these Articles of Incorporation this
2 day of DEC , 1996.		$\mathcal{X}_1$
		(Seal)
		(Seal)
		(Seal)
	<del></del>	(Coda)
STATE OF FLORIDA )		
COUNTY OF PALM BEAUL SS		
before me, a Notary Public authorized to	take acknowledgements in	n the State and County set forth above,
personally appeared PAV	IL S PEFLEY I	<u>1</u>
7110		
known to me and know to be the person acknowledged before me that	(s) who executed the forego	oing Articles of Incorporation, and who
•		
IN WITNESS WHEREOF, I have hereur 2 day of DEC , 19 9L.	nto affixed my hand and sea	al, in the State and County aforesaid, th
	0.1	
(Notary Seal)	(Notary Public, State of Fic	(aunato
gmmmmmmmmmmm	· · ·	orida at Large)
Sherry Chandler Cavuoto Notary Public, State of Florida	My Commission expires:	
2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	·	
S gano My Commission No. CC 524573 &	•	
> 2475 Commission No. CC 2441/3 (*) > 70 m	·	

## CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT OF

	BRETT	RYAN (name of con	IN CORPO	RATED			
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at							
Incorporation at			FLORIDA	33461			
has named	PAUL S. PEF	LEY TI	ent to accept service	of process within this state.			

## **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Fiorida Law in keeping open said office.

