

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

P970000/4075

SUBJECT: _____ LISA M. HYLAND, INC. _____

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF
INCORPORATION AND OUR CHECK FOR \$70.00

FROM; NAME _____ LISA M. HYLAND _____
ADDRESS _____ 616 SPREADING OAK _____
CITY _____ DELTONA _____
STATE _____ FLORIDA 32738 _____
TELEPHONE _____ (407) 324-4564 _____

000002083130--1
-02/11/97--01024--007
*****70.00 *****70.00

2/13/97
LB

FILED
97 FEB 10 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF

LISA M. HYLAND, INC.

FILED
97 FEB 10 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I--NAME

THE NAME OF THIS CORPORATION SHALL BE _____

LISA M. HYLAND, INC.

ARTICLE II--PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE _____

616 SPREADING OAK

DELTONA, FL. 32738

ARTICLE III--CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS _____

60, NO PAR

ARTICLE IV--REGISTERED AGENT

THE NAME AND ADDRESS OF THE REGISTERED AGENT IS _____

LISA M. HYLAND

616 SPREADING OAK

DELTONA, FL. 32738

ARTICLE V-INCORPORATORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO
THESE ARTICLES OF INCORPORATION IS (ARE):

LISA M. HYLAND, DIRECTOR
616 SPREADING OAK
DELTONA, FL. 32738

THE UNDERSIGNED INCORPORATOR(S) HAS(HAVE) EXECUTED THESE
ARTICLES OF INCORPORATION THIS 4th DAY OF
FEBRUARY 1997

SIGNATURE x Lisa M Hyland

SIGNATURE _____

SIGNATURE _____

CERTIFICATION OF DESIGNATION-REGISTERED AGENT/REGISTERED
OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 717.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNING THE REGISTERED AGENT/REGISTERED OFFICE
IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS _____
_____ LISA M. HYLAND, INC. _____
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT IS
NAME _____ LISA M. HYLAND _____
ADDRESS _____ 616 SPREADING OAK _____
CITY/STATE _____ DELTONA, FL. 32738 _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE
OF PROCESS FOR THE ABOVE STATED CORORATION 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 X Lisa M. Hyland
DATE _____