## P976000 15252— (SAMPLE LETTER OF TRANSMITTAL)

Florida Department of State	DATE 2/11/97
Division of Corporations	
P.O. Box 6327	i ω Γη
Tallahassee, FL 32314	E. A. O
Re:	DATE 2/11/97  FEB 13 An 9:40  Tow Family (Name of Corporation)  Inc.
Gentlemen:	5000020865063 -02/13/9701021020 ****122.50 ****122.50
Gentienen:	
Enclosed please find the original and one check in the amount of \$122.50.	copy of the Articles of Incorporation, together with my
This represents the cost of the Filing Fees Registered Agent Designation for the above	s, Certified Copy of Articles of Incorporation and Fee for ove named corporation.
	Very truly yours.
	CARL SANTON (Individual's Name)
R <del>Chassen</del> FEB 1	Santon Family (Name of Corporation)  8 1997
	MAILING ADDRESS OF CORPORATION
	349 NE GREENBRIAR AL
	Poet ST. Lucie, Fl. 34983
	PHONE

Number

## ARTICLES OF INCORPORATION

	of		
: SANTON	FAMILY	CORP.	† 1
(name	of corporation)	······································	<del></del>
The undersigned acting as the incorporators of a corporation he following articles of incorporation for such corporation:		da Business Corporatio	on Act, adopt(s)
ARTICLE I	CORPORATE NAME	3	
The name of the corporation is:	•		
SANTON F	Amily C	SORY.	
	,	7	97
ARTICI	E II - DURATION	. Any	EEB EE
This corporation shall exist perpetually unless dissolv		la law	13
This corporation strait exist perpetually unless dissolv	ed according to Pione	ia iaw.	A ED
ADTIC	EU DUDDOCE	다. 도	0.4.6
	LE III - PURPOSE		0
The corporation is organized for the purpose of engagunited States and the State of Florida.	ing in any activities o	r business permitted un	der the laws of the
The corporation is authorized to issue <u>500</u> sh	ITIAL PRINCIPAL OF	, par value \$	per share.
STREET ADDRESS			
349 NE GREENBRI	SR AVE.		
CITY PORT ST. LUCIE	FLORIDA	Z	P34983
Mailing address, if different			
STREET ADDRESS			
		<u>,</u>	
CITY	FLORIDA	Z	IP
ARTICLE VI - INITIAL R.  The street address of the initial registered office			nt at the office is:
NAME DEBORAH SONT	ña -		
ADDRESS 349 NE GREENS,	OIDE AVE		
CITY PORT ST. LUCIE	FLORIDA	/ z	IP 34983
	· · · · · · · · · · · · · · · · · · ·	<u></u>	

## ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have(	Laws, but shall never be less than	
NAME CORL SANTON		
ADDRESS 349 NE SREEN BA	CIAR AVE	
CITY PORT ST. LUCIE		ZIP <i>34983</i>
NAME DEBORAH SANTON		
ADDRESS 349 NE GREEN BA	PIAR AVE	
CITY PORT ST. LUCIE	STATE FL	ZIP <i>3 498</i> 3
NAME		· · · · · · · · · · · · · · · · · · ·
ADDRESS		
CITY	STATE	ZIP
ARTICLE VII	II - INCORPORATORS	
The names and addresses of the incorporators signing these	Articles of Incorporation are as	follows:
NAME CARL SANTON		
ADDRESS 349 NE GREENE	BRIAR AVE	
CITY PORT ST. LUCIE	STATE EL	zip <i>3498</i> 3
NAME DEBORAH SANTON	/	
ADDRESS 349 NE GREEN	BRIAR AVE	
CITY PORT ST. LUCIE	STATE FL	zip <i>3498</i> 3
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these day of FETBRUMEY 12		(Signature) (Signature) (Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENTY REGISTERED OFFICE

SANTON FAMILY CORP.

(name of corporation)		
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  The above corporation, organized under the laws of the State of Florida with its registered of fice		
as indicated in the Articles of Incorporation  at 349 NE GREENBRIAR AVE  Port ST. Lucie, FL. 34983-1289  has named DEBORAH SANTON  99		
has named DEBORAH SANTON 55 55		
located at the aforesaid address, as its registered agent to accept service of process within this		
state.		
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.		
Deboral Souton 2/12/97		
(Signature) (Date)		