O97000/5279 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 400002086584--2' -02/13/97--01027--004 ****131.25 ****131.25

	Proposed corporate name - must include suffix)	nc.
Enclosed is an original for: \$70.00 Filing Fee	and one (1) copy of the articles of incorporation and a check \$78.75 \$122.50 \$131.25 Filing Fee & Certified Copy & Certified Copy & Certificate & Certificate ### Certificate #### Certificate ###################################	sud)
FROM:	Name (printed or typed)	
	Address Panama City, FL 32401 City, State & Zip X 904-960-0129 Daytime Telephone number	SECRETARY OF STATE

NOTE: Please provide the original and one copy of the articles.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

97 FEB 13 AMII: 31

OF

Blue worn Rearby of Bay County, Inc.

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:

Blueworen Reply of Bay County, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7900 Thomas Drive, Harram Chy Beach, Freion 32408

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

IKE Duren

101 Timber Love

Param Coly, R 32001

ARTICLE V IMCORPORATOR(S)

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

TKE DUREN, 2000 1:01 Timber Lane, Power Coly, For 32401
AliBp Duren 1 101 Timber Law, Parm Ch, R
32401

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

day of FEB 1997.

Oke Dun

Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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

1.	The name of the corporation is: Bluewasen Replay of
	Bay County, Inc.
2.	The name and address of the registered agent and office is:
	1KE DUREN (Name) 101 Timber Lavr
	(Name) . El Car
	(P.O. Box not acceptable)
	Parame City, FZ 32401 3
	(City/State/Zip)

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)