Described State
Dission of Corporatins
P.D. Box (127)
Tillahassee, FL 32314

SUBJECT: ABEAR, INC.	SUBJECT:		
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Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$_122.50______

300002079833--3 -02/06/97--01030--007 ****122.50 ****122.50

FROM:

Charles E. Fernette II

Name (printed or typed)

8822 Bay Pointe Drive, F-103

Address

Tampa, FL 33615

City, State, & Zip
(813) 885-3037

Telephone Number

97 FEB 17 PH 4: 29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Note: Please provide the original and one copy of the Articles.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 6, 1997

CHARLES E FERNETTES, III 8822 BAY POINTE DR F1-3 TAMPA, FL 33615

SUBJECT: ABEAR, INC. Ref. Number: W97000003108

We have received your decument for ABEAR, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filling of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 697A00006523

ARTICLES OF INCORPORATION

OE

מגסמג	OF	TAMPA,	TNC.
ABEAR	UF	TAMPA,	TMC+

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:

ABEAR OF TAMPA, INC.

97 FEB 17 PH 4: 29 SECRETARY OF STATE SECRETARY OF STATE ANASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

6502 W. Hillsborough Tampa, FL 33634

ARTICLE III CAPITAL STOCK

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

The corporation is authorized to issue Ten Thousand shares (10,000) of One Dollar (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Charles E. Fernette II 8822 Bay Pointe Drive, F-103 Tampa, FL 33615

ARTICLE V INCORPORATOR(S)

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

Charles E. Fernette II 8822 Bay Pointe Drive, F-103 Tampa, FL 33615

Michael Serekian 2219 7th Street North St. Petersburg, FL 33704

The undersigned i	ncorporator((s) has(have) ex	ecuted these A	rticles of Inco	poration this
12	day of .	FEB		97.	
		Chal	o Er Fe	the ft	<u>. </u>
			Signature		
		<u> </u>	Signature		
			Signature		

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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 Florida.

1.	The name of the corporation is: ABEAR OF TAMPA, INC.
2.	The name and address of the registered agent and office is:
	Charles E. Fernette II
	(NAME)
	8822 Bay Pointe Drive, F-103
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	Tampa, FL 33615
	(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 (MMW E-FINED &)
DATE 2-12-97

97 FEB 17 PH 4: 29
SECRETARY OF STATE
TALLAHASSEE FLORIDA