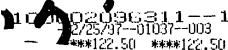
PARAMASS



SUBJECT:	DRAIN-MAN	·
Proposed Corpora	te Name	
	DRAIN-MAN	

Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent, and a check for \$122.5 Please return one copy of the Articles stamped with the filing date.

FROM:

ROGER BRENNAN	·
Name (print or type)	
P.O. BOX 1658	97 MA SECRE
Address	MAR 12 CRETARY LAHASSE
largo FL 33779	SSEE 2
City, State, Zip	<u> </u>
(813) 562-4606	0: 25 STATE .ORID/

Area Code and Phone Number (Daytime)

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 27, 1997

ROGER BRENNAN P.O. BOX 1658 LARGO, FL 33779

SUBJECT: DRAIN-MAN Ref. Number: W97000004714

We have received your document for DRAIN-MAN 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):

Please complete Article(s) 4.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

all of the Corrections have been made Thanks you.

Loria Poole Corporate Specialist

Letter Number: 597A00010384

ARTICLES OF INCORPORATION OF

Name of Corporation)

MAR 12 AN 10: 25

Articles of Incorporation Filing Fee — \$122.50

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to Florida law, 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.

	outh at the state of Florida.	. 3	
1.	The name of the corporation/professional association is:	DRAIN-MAN INC.	
2.	The name and address of the registered agent and office is:		
	ROGER BRENNAN		
Fu	ill name		
	13073 CLAY AVE.		
A	idress (P.O. Box not acceptable)		
	. largo fl 33773		
Ci	ty, State, and 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.

SIZNATURE OF REGISTERED AGENT

2-20-97

DATE

Designation of Registered Agent FLORID:

Pesignation of Registered Agent FLORID: