

P970000 24194
(SAMPLE LETTER OF TRANSMITTAL)

DATE MARCH 11, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: A CUT ABOVE TEMPORARIES, INC., Inc.
(Name of Corporation)

600002111296--0
-03/12/97--01073--003
****122.50 ****122.50

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Marlene Tresch
(Individual's Name)

FILED
97 MAR 12 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A CUT ABOVE TEMPORARIES, INC.
(Name of Corporation)

Dmc
3-18-97

MAILING ADDRESS OF CORPORATION		
P.O. BOX 290793		
PORT ORANGE, FLORIDA 32129		
PHONE		
(904)	756-5075	
Area Code	Number	Ext.

ARTICLES OF INCORPORATION

of

A CUT ABOVE TEMPORARIES, INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

A CUT ABOVE TEMPORARIES, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue SIXTY shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	1040 S. GREEN ACRES CIRCLE		
	S. DAYTONA, FLORIDA 32119		
CITY	S. DAYTONA,	FLORIDA	ZIP 32119

Mailing address, if different

STREET ADDRESS	P.O. BOX 290793		
CITY	PORT ORANGE,	FLORIDA	ZIP 32129

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	MARLENE A. TREDEAUX		
ADDRESS	1040 S. GREEN ACRES CIRCLE		
CITY	S. DAYTONA,	FLORIDA	ZIP 32119

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TALLAHASSEE
STATE OF FLORIDA

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have 1 (ONE) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	MARLENE A. TREDEAUX		
ADDRESS	1040 S. GREEN ACRES CIRCLE		
CITY	S. DAYTONA,	STATE FLORIDA	ZIP 32119
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	MARLENE A. TREDEAUX		
ADDRESS	1040 S. GREEN ACRES CIRCLE		
CITY	S. DAYTONA,	STATE FLORIDA	ZIP 32119
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 11 day of MARCH, 1997.

Marlene Tredeaux (Signature)

_____ (Signature)

_____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A CUT ABOVE TEMPORARIES, INC.

(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 office as indicated in the Articles of Incorporation

at 1040 S. GREEN ACRES CIRCLE

S. DAYTONA, FLORIDA 32119

has named MARLENE A. TREDEAUX

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.

Marlene Tredeaux
(Signature)

MARCH 11, 1997

(Date)

Edythe M. Hawes
Notary Public, State of Florida
Commission No. CC 600290
My Commission Exp. 01/10/2001
NOTARY - Fla. Notary Service & Bonding Co.