DATE 3-21.97

Florida Department of State Division of Corporations P.O. Box 6327 Ta

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Callahassee, FL 32314	900002121189 -03/24/370102301 ****122.50 ****122
Re:Rev	volving Doors, Inc. (Name of Corporation)
Gentlemen:	
Enclosed please find the original and one heck 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 abo	s, Certified Copy of Articles of Incorporation and Fee for ve named corporation.
	Very truly yours. 97 HAR 24 AH 10: 51 Michael A. Tavares (Individual's Name)
	Michael A. Tavares 5 P. G. Harding (Individual's Name) 5 9
	Revolving Doors, Inc. (Name of Corporation)
	906 Seminary ST
	KEY WEST, FZ 33840

(306) 292.9068 Area Code Number

Ext.

ARTICLES OF INCORPORATION

of

	OI		
REVOLVING DOORS,	INC.	÷	
	(name of corporation)		
The undersigned acting as the incorporators of the following articles of incorporation for such corporation for such corporations are considered as the incorporation of the inco	f a corporation under the Florida Business Coporation:	orporation A	ct, adopt(s)
ART: The name of the corporation is:	ICLE I - CORPORATE NAME	91	DIVISION SECR
REVOLVING DOOR	S. TNC.	=	A CHARLE
	o, 110.		2 300
	ARTICLE II - DURATION		SECRETAR 24 AM 10: 5
This corporation shall exist perpetually unless	dissolved according to Florida law.		0, %
	ARTICLE III - PURPOSE		
The corporation is organized for the purpose of United States and the State of Florida.	of engaging in any activities or business perm	nitted under	the laws of the
AR The corporation is authorized to issue 50	TICLE IV - CAPITAL STOCK Shares of common stock, par value \$	1.00	per share.
ARTICLI The street address of the initial principal office	EV - INITIAL PRINCIPAL OFFICE te and, if different, the mailing address is:		
STREET ADDRESS			
906 Seminary Street			
CITY Key West	FLORIDA	ZIP	33040
Mailing address, if different			
STREET ADDRESS			
		· 	
CITY	FLORIDA	ZIP	<u> </u>
ARTICLE VI - INI	TIAL REGISTERED OFFICE AND AGE		 -
The street address of the initial registered			t the office is:
NAME Michael A. Tavares	3600		
ADDRESS 906 Seminary Street		********	
CITY Key West	FLORIDA	ZIP	33040
			

ARTICLE VII - INITIAL BOARD OF DIRECTORS

NAME	Michael A. Tavares			
ADDRESS	906 Seminary Street			
CITY	Key West	STATE	FL	ZIP 33040
NAME				
ADDRESS				
CITY		STATE		ZIP
NAME				
ADDRESS				
CITY		STATE		ZIP
	ARTICLE V	/III - INCORPORATO	RS	
he names and	addresses of the incorporators signing the	ese Articles of Incorporat	tion are as foll	ows:
he names and NAME		ese Articles of Incorporat	tion are as foll	ows:
	Michael A. Tavares	ese Articles of Incorporat	tion are as foll	ows:
NAME	Michael A. Tavares 906 Seminary Street	ese Articles of Incorporate	tion are as follows:	Zin
NAME ADDRESS	Michael A. Tavares			-
NAME ADDRESS CITY	Michael A. Tavares 906 Seminary Street			710
NAME ADDRESS CITY NAME	Michael A. Tavares 906 Seminary Street			710
NAME ADDRESS CITY NAME ADDRESS	Michael A. Tavares 906 Seminary Street	STATE		ZiP 33040
NAME ADDRESS CITY NAME ADDRESS CITY	Michael A. Tavares 906 Seminary Street	STATE		ZiP 33040
NAME ADDRESS CITY NAME ADDRESS CITY NAME	Michael A. Tavares 906 Seminary Street	STATE		ZiP 33040
NAME ADDRESS CITY NAME ADDRESS CITY NAME ADDRESS CITY The undersign	Michael A. Tavares 906 Seminary Street	STATE STATE	FL ation this	ZiP 33040

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

REVOLVING DOORS, 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

Seminary Street Key West, FL 33040 Michael A. Tavares has named

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.

Meil 9 Luca 3-21-97
(Signature) (Date)