# P9700035347

### TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 97 APR 18 AM 11:23
SECRETARY OF STATE
TALLAHASSEE ELOPIO.

SUBJECT: GOOD CHANCE GROUP INC.

(Proposed corporate name - must include suffix)

500002147805--7 -04/18/97--01059--011 \*\*\*\*131.25 \*\*\*\*\*\*131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 \$122.50 \$\$131.25

Filing Fee & Certificate & Certified Copy & Certified Copy & Certificate

Additional Copy Required

FROM: DAVID A. HESSIUN

Name (printed or typed)

2053 EAST HIGHWAY 316

Address

CITRA FL 32/13

City, State & Zip

352 595 5002

Daytime Telephone number

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

#### ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

#### ARTICLE I NAME

THE NAME OF CORPORATION SHALL BE: GOOD CHANCE GROUP, INC.

#### ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE: 2053 EAST HIGHWAY 316, CITRA, FL 32113

#### ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: 1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS: DAVID A. HESSION, 2053 EAST HIGHWAY 316, CITRA, FL 32113

#### ARTICLE V INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS: DAVID A. HESSION, 2053 EAST HIGHWAY 316, CITRA, FL 32113.

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THE SIXTEENTH DAY OF APRIL, 1997

DAVID A. HESSION

97 APR 18 AM II: 23
SECRETARY OF STATE

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	GOOD	CHANCE	GROUP	, INC.	
		. <u></u>		SE TAL	9
2. The name and address of the registered agent and office is:				CRETARY	81 88 1-1-1-
DAVID	A. K	PESSIUN ME)	· · · · · · · · · · · · · · · · · · ·	inc The	. Maria 23
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)				DA	23
CITRA	P FC	32/ (ATE/ZIP)	/3		

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.

NATURE) (DATE)