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FILED

		97 APR	R 25 AH II: 01	
Department of State Division of Corporations		TALLAH	ASSEL, FLORIDA	
P. O. Box 6327 Tallahassee, FL 32314 SUBJECT:	HELDOCICE POSTOR	SCHARS I		_
			60000215 -04/25/97- *****78.7	47165 -01022014 5 *****78.75
Enclosed is an original ar	nd one(1) copy of the artic	cles of incorporation and a	check for :	1
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	DERLICE AN	Ubrasz (Printed or typed)		
_	2425 Muse	Address	<u> </u>	97.
ill Wait	TAU FI	Szzerf ty, State & Zip	÷ .	22 27
_	576- 2 Daytim	S166 c Telephone number	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

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

FULED

ARTICLES OF INCORPORATION

S7 APR 25 [MII: 01

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

TALÉZIÁ SIL JALÓRIDA

ARTICLE I NAME	
The name of the corporation shall be	152 5 46500H22 INC.
Asal	
	O.S. A. It ? Associates Inc

ARTICLE II PRINCIPAL OFFICE

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

2425 Missien Rd # 1901 TAILAHASSE Florida 32301

ARTICLE III SHARES

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

20,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

2425 Mosson 21 #1901 TAU, FI 32304

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

BERNIOE AMBRONSE
3425 MUSSIGN POBLE
THIS TO 3230-1

Signature/Incorporator

april 25, 1997

(An additional article must be added if an effective date is requested.)

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/Registered Agent

25/57