P97000042547

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

	$\sqrt{\hat{x}}$	000002172	27508 -01044014
SUBJECT: 5 NV Ex	orate rame - must include suf	<u>, C</u>	*****70.00
Enclosed is an original and one (1)) copy of the articles of i	ncorporation and a cho	eck
for :		□ \$131.25	
FROM: Share	ON E. Mc Cou Name (printed or typed)	<u>;</u> . (
100	HAMPTOW Rd Address	# 173	
Clen	City, State & Zip	<u>: 33759</u>	
	813) 791- 9508 Daytime Telephone number	SECRETAS) OF STA	97 NAY -9 AH 8:
		HOA LOA	τ . ⇔ ∭

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

ARTICLES OF INCORPORATION

OF

SNV Enterprises, Inc

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

ARTICLE I NAME

The name of the corporation shall be:

SNV Enterpresses, Inc



ARTICLE II PRINCIPAL OFFICE

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

100 Hampton Road # 172 Clearwater, FL. 33759

ARTICLE III CAPITAL STOCK

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

100 Shares N/p

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

DAMES N. Collier SR. 1102 Fuchsia DR. Holiday FL 34691

ARTICLE V INCORPORATOR(8)

The name(s) and street address(es) of the incorporator(s) to these Article of Incorporation is (are):

Sharon E. Mc Coy President 100 Hampton Rd # 172 Clearwater, FL 33 759

Sharon E. M. Clay Signature/Tit	, President
Signature/Tit	le
Signature/Tit	le
Signature/Tit	:le

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

I'URSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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 I LORIDA.

I. The na	me of the corporation is: SNV Enterpre	nses, Inc
		ŧ
2. The na	ime and address of the registered agent and office is:	
	JAMES H. Collien SR	97 HAY SECRE
	(Name) 1102 Fuchsia DR.	HASSIAAY
	(P.O. Box not acceptable)	OF S
	Holiday FL 34691	TATE ORIDA

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.

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(Signature)