P910000143205

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

SUBJECT:	Proposed corporate in	DER Nic.	-05/12 *****	1 74987—7 ?/9701094013 :78.75 *****78.75
Enclosed is an origina for : (\$70.00 Filing Fea	al and one (1) co [V] \$78.75 Filing Feo & Certificate	py of the articles of the strict of the stri	\$131.25 Filing Fee, Certified Copy & Certificate	nd a check
FROM:		J. TRZNA	DEL	
	Cit (813	125 TH ST Address INOLE, FLOR Y, State & Zip 3) 393-8166 Telephone number		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 MAY 12 PM 1:07

(H)

JW 5/15

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

ARTICLES OF INCORPORATION

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.

> ARTICLET NAME

The name of the corporation shall be:

F/V PROVIDER, INC.

ARTICLEIL PRINCIPAL OFFICE

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

7610 125 TH ST. N. SEMINOLE FLORIDA 33772

> ARTICLEIII SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES

PAR B/

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PETER J. TRZNADEL 7610 125'TH ST. N. SEMINOLE, FLORIDA 33772

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

PETER J. TRZNADEL 7610 125'TH ST. N. SEMINOLE, FLORIDA 33772

The undersigned in	acorporator(s) has(h	nave) executed these Artic	cles of Incorporation th
	YAM	. 19 97	•
(An additional artic	de must be added if	an effective date is reque	ested.)
, 7	Stuf	Aug velel	•
•	·	Signature	
	 	Signature	

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.



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:	F/V PROVIDER, INC.				
2. The name and address of the registered agent and office is:					
Pere	J. TRZNADEL (INAME)				
	O 125 TH ST. N.				
Se <u>m</u>	(CHYSTAND)				

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) (DATE)