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	Reques	tor's Name	 	•			

requ	iestor s rvante	
1J.T. Fey 9610 Bivers Schastan, F	nde Dr #104 1.32958	Office Use Only UMBER(S), (if known):
•	ration Name)	(Document #) 200021512221 -04/22/9701099008 ****122.50 ****122.50
2. (Corpo	ration Name)	(Document #)
3(Corpo	ration Name)	(Document #)
4(Corpo	ration Name)	(Document #)
Walk in Mail out	Pick up time Will wait Photoc	copy Certificate of Status
NEW FILINGS	AMENDMENTS	ο σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ
Profit	Amendment	
NonProfit	Resignation of R.A., Office	er/ Director
Limited Liability	Change of Registered Agen	w97-9488
Domestication	Dissolution/Withdrawal	$\omega^{\alpha''}$
Other	Merger	
OTHER FILINGS Annual Report	REGISTRATION QUALIFICATION	// 注 N
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	· (av.
	Reinstatement	iae mar,
	Trademark	
	Other	

Examiner's Initials

CR2E031(1-95)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 24, 1997

J.T. FEY 9610 RIVERSIDE DR. #104 SEBASTIAN, FL 32958

SUBJECT: J.T. FEY, INC. Ref. Number: W97000009488

We have received your document for J.T. FEY, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Lunt Corporate Specialist

Letter Number: 797A00021096

TRANSMITTAL LETTER

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

SUBJECT:	To FEY Ir	Corporate name - must include	e suffix)
Enclosed is an original a	and one(1) copy of the artic	eles of incorporation and a c	check for:
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy See attached Copy of Crock also ADDITIONAL CO	Filing Fee, Certified Copy & Certificate Add in Your office PPY REQUIRED
FROM: _	_	(Printed or typed)	
-	9610 River	Address HOT Address HOT Address Ty, State & Zip	104
-	(561) 388	-0598 e Telephone number	133 -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1

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

FILED 97 HAY 19 AH II: 13

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

SET ATTEST FLORIDA

	A	RT	ICLE	I	NAME
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The name of the corporation shall be:

J. T. Fey, Inc

ARTICLE II PRINCIPAL OFFICE

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

806 Indian River Dr. Sebastian, 71. 32958

ARTICLE III SHARES

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

-500 -

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jeffrey Fey 9610 Riverside Dr. Apt. 104 Sepastion, 71 32958

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Jeffrey fey 9610 Riverside Dr. Apt 104 Sebastian, 71. 32958

(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

5/12/9,7 Bate