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

TRANSMITTAL LETTER

100002189761--5 -05/23/97--01062--001 \*\*\*\*\*78.75 \*\*\*\*\*78.75

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

□ \$70.00 Filing Fee	\$78.75 Filling Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM: _	Name (Printed or typed)		
	9191 gettysburg Rd		
		PATON FC	- 33434
	City, State & Zip		
	561-88	3 1518	
	Daytime Telephone number		

FOR PROFIT-

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



<b>,</b> ,	
	97
ARTICLES OF INCORPORATION	
The undersigned incorporator, for the purpose of forming a corpor Business Corporation Act, hereby adopts the following Articles of I	
ARTICLE I NAME	20 %
The name of the corporation shall be:	
Gettysburg heasing	INC
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this co	orporation shall be:
9171 gettysburg RC BOCA RATON FL 334	434
ARTICLE III SHARES  The number of shares of stock that this corporation is authori	zed to have outstanding at any one time is:
The number of shares of sweet that this corporation is authori	zed to have outstanding at any one time is.
100	
ARTICLE IV INITIAL REGISTERED AGENT	AND STREET ADDRESS
The name and Florida street address of the initial registered a	gent are:
James P. Thompson	
James P. Thompson 9171 gettysburg Rd Boca Ration FL 33434	
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles	of Incorporation are:
JAMES P. Thompson	
POLA RATON FL 339	24
COLA RATON FL 339	£3(
Samuel Hompson	5-20-97
Signature/theorporater	Date

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

llaving 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 hiv position as registered agent

5-20-97 Date Signature/Registered Agent