Oerhara Reques S17 de d City/State/Zip	Address Phone #	200021670080 -05/06/97-01041-004 ****122.50 ****122.50 Office Use Only	
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):			
\bigcup	FLORIDA (BONNAME)	Soument #)	
2. (Corporati	ion Name) (De	ocument#)	
3(Cornerati	ion Name) (D	Document #)	
4.	ion name)	E P	
	ion Name) (D	ocument #)	
Walk in Pick up time Certified Copy			
Mail out Will wait Photocopy Certificate of Status			
NEW FILINGS	AMENDMENTS		
Profit	Amendment	MAX TOTAL OF THE PARTY OF THE P	
NonProfit	Resignation of R.A., Officer/ Dire	ctor	
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		
OTHER FILINGS	REGISTRATION/ QUALIFICATION		
Annual Report			
Fictitious Name	Foreign	1/57	
Name Reservation	Limited Partnership	10/5/	
-	Reinstatement	QH 3707	
-	Trademark	11)	
Ĺ	Other	RH 6/5/67 10489	

Examiner's Initials

CR2E011(1 95)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 7, 1997

GERHARD PELZER 817 JEFFERSON AVE LEHIGH ACRES, FL 33936

SUBJECT: DREXL FLORIDA, INC. Ref. Number: W97000010489

We have received your document for DREXL FLORIDA, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6915.

Pamela Hall Document Specialist

Letter Number: 597A00024131

FILED

ARTICLES OF INCORPORATION 97 JUN -5 PM 2: 19

<u>QF</u>

TALLAHASSEE. FLORIDA

JF DREXL FLORIDA, 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! NAME

The name of the corporation shall be:

AF PAEXL-FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

410 LEE BLVD. LEHIGH ACRES, FL 33936

ARTICLE III CAPITAL STOCK

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GERHARD PELJER 817 HETTERSON AVE. LEHIGH ACRES, TL 33936

ARTICLE V INCORPORATOR(S)

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

DREXL TRANZ UND YUTTA 1568 E 918 STREET LEHIGH ACRES, FL 33972

DREXL TRANE PRESIDENT SECRETARY

DREXL HUTTA VICE PRESIDENT TREASURER

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

day of APRIL 1997

Ord Frag

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE 97 JUN -5 PM 2: 19

Pursuant to the provisions of sections 607.0501 or 617.0501, Floridal Statute of 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. T	he name of the corporation is: \(\int \) \(
2. T	The name and address of the registered agent and office is: GERHARD PELTER (NAME)
	BIT HETTERSON AVE (P.O. BOX NOT ACCEPTABLE)
	LEHIGH ACRES, FL 339 SQ (CITY/STATE/ZIP)
PROTH AN PR	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF OCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN IIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT ID AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE IOVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PER DRMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE
	DATE 4/29/97