

97 JUN -4 PH 2:27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

INC.	
(Proposed corporate name - must inclu	de suffix)
	5000022010255 -06/04/9701046004 *****78.75 *****78.75
of the articles of incorporation and a	a check for :
75 See Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
ADDITIONAL C	OPY REQUIRED
A. E. VIRGINIA A. Name (Printed or typed) PLETRES DRIVE Address FL 33594 City, State & Zip Daytime Telephone number	Copan Copen Turque Copen State 157
	75 Fee Filing Fee & Certified Copy ADDITIONAL CO A. E. VIRGINIA A. Name (Printed or typed) PLETRE DRIVE Address

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

FILED

ARTICLES OF INCORPORATION

97 JUN -4 PH 2: 27

The undersigned incorporator, for the purpose of forming a corporation under the FloridaTALLAHASSEE, FLORIDA Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I	NAME
-----------	------

The name of the corporation shall be:

MAC- GIN, INC.

ARTICLE II PR	INCIPAL	OFFICE
---------------	---------	---------------

The principal place of business and mailing address of this corporation shall be: 3910 APPLETREE DR.

VALRICO, FL 33594

ARTICLE III SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

VIRGINIA A. COPEN

APPLETREE DRIVE

VALRICO, FL 33594

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MINTE A. C VIRGINIA A. COPEN 3910 APPLETREE DRIVE

VALRICO, FL 33594

(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