## P97000053042

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

SUBJECT:	BEST OF SHOW AWAR	DS , TNC . prograte name - must includ	e suffix)	_
			******70。!	.01543 01042003 00 *****70.00
Enclosed is an original ar  \$70.00 Filing Fee	ad one(1) copy of the articles  \$78.75  Filing Fee  & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	MARK W. OLEKS Name (Po	rinted or typed)		.i
	TAMPA, FLORID	Address	TALLAHASS	F1LE 97 JUN 12
GAVE (813) 876-7315  AUTHORIZATION BY PHONE TO Daytime Telephone number			EE, FLORID	
CORRECT AT HICK 4+  DATE 6-16-97  DOC. EXAM. BM	- ","	cicpnone number	IDA	3: 02

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

## 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.

ARTICLE I NAME

The name of the corporation shall be:

BEST OF SHOW AWARDS, INC.

ARTICLE II PRINCIPAL OFFICE

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

2602 WEST DELEON STREET

TAMPA, FLORIDA 33609 SHARES

ARTICLE III SHARES

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

5,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARK W. OLEKSAK 2602 WEST DELEON STREET TAMPA, FLORIDA 33609

## ARTICLE V INCORPORATOR

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

MARK W. OLEKSAK 2602 WEST DELEON STREET TAMPA, FLORIDA 33609

Signature/Incorporator

'Date

(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 agreeist red agent

Signature/Registered Agent

Date