097000055577

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE OF CONTIONS

SUBJECT:	P. I. T. A. OF PINELLAS COUNTY INC.	
	(Proposed corporate name - must include suffix)	

400002222014--5 -06/24/97--01103--009 ****122.50 ****122.50

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

\$70.00 \$78.75
Filing Fee Filing Fee & Certificate

\$ Certificate \$ Certified Copy & Certified Copy & Certificate

\$ ADDITIONAL COPY REQUIRED

	ADDITIONAL COPY REQUI	KEU
FROM:	RARTHOLOMEW MAHER Name (Printed or typed)	
	3857 50 Ay 5, Address	<u> </u>
	ST. PETERSBURG FLA 33711	DIVISION OF
	(813) 866-3061	: CORP

Daytime Telephone number

RECEIVED 97 JUN 24 PH 2: 43

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME				
The name of the corporation shall be:				
P. I. T. A. OF PINGLAS COUNTY INC.				
ARTICLE II PRINCIPAL OFFICE				
The principal place of business and mailing address of this corporation shall be:				
3857 So Av. 5.				
ST. PETERSBURG FLA 33711				
ARTICLE III SHARES				
The number of shares of stock that this corporation is authorized	to have outstanding at any one time is:			
CNE				
ARTICLE IV INITIAL REGISTERED AGENT A				
The name and Florida street address of the initial registered agen	it are:			
BARTHOLOMEW MAHER				
3857 Sc Au. S.				
St. Petelsourg Fla 33711				
ARTICLE V INCORPORATOR				
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:				
BARTHOLOMEN MAHER				
3857 SU AV. S.				
ST. PETERSBURG FLA 33711				
Backoloniew Maker	6/24/97			
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 pr	ocess for the above stated corporation at the place designated in this
	nd agree to act in this capacity. I further agree to comply with the
provisions of all statutes relating to the proper and complete p	performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	2/2
obligations of my position as registered agent Milliolopicus Million	6/24/97
i accordental 1. will	4/0////

Signature/Registered Agent

Date