

97 JUL 18 AM 10: 1.0

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

100002240911--3 -07/18/97--01002--004 *****70.00 *****70.00

SUBJECT:	STUC-CUT, INC.	te name - must include suff	101
Enclosed is an original	and one(1) copy of the articles		
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy ADDITIONAL CO	S131.25 Filing Fee, Certified Copy & Certificate
FROM:	Barbara J. Henderson Name (Printed 11162 130th Ave., No. Addre Largo, FL 33778 City, State	ss	
	(813) 584-1941 Daytime Teleph	one number	

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

ARTICLES OF INCORPORATION

FILED

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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 I NAME

The name of the corporation shall be:

STUC-CUT, INC.

ARTICLE II PRINCIPAL OFFICE

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

STUC-CUT, INC. 11162 130th Ave., No. Largo, FL 33778

ARTICLE III SHARES

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

One Thousand Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Barbara J. Henderson 11162 130th Ave., No. Largo, FL 33778

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Barbara J. Henderson 11162 130th Ave. No. Largo, FL 33778

The und	dersigned i	ncorporator(s)	has(have) execut	ed these Ar	ticles of Inc	orporation this
3rd	_ day of	July	1	19 <u>97</u>	<u></u> .	
(An add	itional arti	cle must be add	ed if an effective	e date is req	uested.)	
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Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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CERTIFICATE OF DESIGNATION OF 97 JUL 18 AM 10: LP REGISTERED AGENT/REGISTERED OFFICE

TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, 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.	The name of the corporation is STUC-CUT, INC.
2.	The name and address of the registered agent and office is:
	Barbara J. Henderson (NAME)
	11162 130th Ave., No.
	(P. O. Box or Mail Drop Box NOT ACCEPTABLE) Largo, Fl. 33778 (CITY/STATE/ZIP)

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.

Barbara Henderson 7-3-97
(SIGNATURE)