(SAMPLE LETTER OF TRANSMITTAL)

P970000 66546

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

Re: Deborah Pacetti, Inc. ,Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

000002252640--4 -07/30/97--01075--020 ****122.50 ****122.50

Deborch Cocation (Individual's Name)

Deborah Pacetti
(Name of Corporation)

P. CHISCOUR AUG 1 1997

MAILING ADDRESS OF CORPORATION

Beborah Pacetti, Inc.

508 15th Street
St. Augustine, F1 32095

PHONE

(904) 826-4018

Area Code Number Ext.

ARTICLES OF INCORPORATION

•			OI		- Co. **.	•
	Deborah Pa	cetti, Inc.				• *
<u></u>		(name o	f corporation)			<u> </u>
The undersigned the following articles	d acting as the incorporation for s		tion under the Flori	da Business Co	rporation A	ct, adopt(s)
		ARTICLE I - C	ORPORATE NAME	i	TAL	91
The name of the		cetti, Inc.			LAHASS	F14
m			II - DURATION		SEE, FLORIDA	NH 9: 49
This corporation	n shall exist perpetual	ly unless dissolved	according to Florid	la law.	0A	. Ф
		ARTICLE	III - PURPOSE			
The corporation United States and the	n is organized for the person of the person	purpose of engagin	g in any activities o	r business pern	nitted under	the laws of the
		ARTICLE IV	- CAPITAL STOCK			
The corporation	n is authorized to issu	e <u>500</u> shar	es of common stock	, par value \$ _	1.00	per share.
The street addr	ess of the initial princ		TAL PRINCIPAL OF lifferent, the mailing			
STREET ADDRESS	508 Fifte	enth Street				
						····
CITY	St. Augus	tine	FLORIDA	Florida	ZIP	32095
	ess, if different					
STREET ADDRESS	S					
		<u>. </u>	ET ODID A		715	
CITY			FLORIDA		ZIP	
The street ad	ARTICLE dress of the initial re		GISTERED OFFICE and the name of the			at the office is:
NAME	W. Scott					
ADDRESS	508 15th	Street	· · · · · · · · · · · · · · · · · · ·	 		
CITY	St. Augu	stine	FLORIDA	Florida	ZIP	32095

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have _ Three	_(3) directors init	ially. The nu	imber of dir	ectors may be
either increased or diminished from time to time by the	: By-La	aws, but	shall never be	less than on	e (1). The na	ames and
addresses of the initial director(s) of the corporation are	e as fol	llows:				

NAME	Deborah Pacetti		
ADDRESS	508 Fifteenth Street		
CITY	St. Augustine	STATE Florida	ZIP 32095
NAME	Jason B. Brownell		
ADDRESS	508 Fifteenth Street		
CITY	St. Augustine	STATE Florida	ZIP 32095
NAME	W. Scott Pacetti		
ADDRESS	136 Malaja Street		
CITY	St. Augustine	STATE Florida	ZIP 32084

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Deborah Pacetti		
ADDRESS	508 Fifteenth Street		
CITY	St. Augustine	STATE Florida	ZIP 32095
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersig	ned incorporator(s) have	e executed these Articles of Incorporation thisFirst_	
day of	July	, 19 <u>97</u> .	
		Deborah taras	_ (Signature)*
			_ (Signature)
			(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

	Deborah Pacetti, Inc.	97 JUL 36 TALLAHA
	(name of corporation)	AM 9: 49 SEE, FLORIDA
Pursuant to	Florida Statutes Sections 48.091 and 607.0501, the following is su	bmitted:
The above of	corporation, organized under the laws of the State of Florida with it	s registered office
as indicated	in the Articles of Incorporation	
at	508 Fifteenth Street	
	St. Augustine, Florida 32095	
has named	W. Scott Pacetti	
located at th	ne aforesaid address, as its registered agent to accept service of pro	cess within this
state.		

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.

(Signatura)

(Date)