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97 SEP -2 AM 9: 26

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: MY	H Enter prises I (Proposed co	orporate name - must include	e suffix)	
Enclosed is an original	and one(1) copy of the artic	cles of incorporation an	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	OPY REQUIRED	
FROM: MICHELE Y. HOSACK Name (Printed or typed) 4000022828947 -09/02/9701150002				
	1520 SE BAY S		-03/02/31-0 ****78.75	*****78.75
	HIGH SPRINGS City,	FL 3au43 State & Zip		
	352 - 374-591	5		

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

Daytime Telephone number

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ARTICLES OF INCORPORATION

97 SEP -2 AM 9: 26

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

ARTICLE I NAME

The name of the corporation shall be:

MYH Enterprises INC.

ARTICLE II PRINCIPAL OFFICE

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

1520 SE BAY ST HIGH SPRINGS, FL 32643

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MICHELE Y. HOSACK

1520 SE BAY ST

HIGH SPRINGS, FL 32643

ARTICLE V INCORPORATOR

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

MICHELE Y. HOSACK

1500 SE BAY ST

HIGH SPRINCS, FL 32643

Wichell Hosack
Signature/Incorporator

8/09/97

(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

Signifure/Registered Agent

Da