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TRANSMITTAL LETTER

700002306707--0 -09/29/97--01167--006 Department of State *****70.00 *****70.00 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Incorporation of DARRYL BRALAND P/C, INC. SUBJECT:_ Proposed Corporate Name DARRYL BRALAND P/C, INC. Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent, and a check for \$70.00. Please return one copy of the Articles stamped with the filing date. FROM: Jay McKesey Name (print or type) Suite 121-1052 Montgomery Rd. Address Altamonte Springs, Florida 32714 City, State, Zip (407)830 - 9378

Area Code and Phone Number (Daytime)

10/197749

ARTICLES OF INCORPORATION

DARRYL BRALAND F/C, INC.

(Name of Corporation)

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE 1: NAME The name of the corporation shall be	DARRYL BRALAND P/C, INC.	
ARTICLE 2: PRINCIPAL PLACE (
ARTICLE 3: SHARES All stock issued by this Corporation number of shares of stock that this of time is:10,000	a shall be common voting stock of a single class. The corporation is authorized to have outstanding at any	
The name of the initial registered ag		
whose registered office is located at	the place of business stated in Article 2 above.	
	he incorporators to these Articles of Incorporation	
Jay McKesey	ant name of Da	
Suite 121-1052 Mc Altamonte Springs		
The undersigned incorporators h	ave executed these Articles of Incorporation this September 19 97 5	7
A	ANY NSSE	1
Signature	Signature FLORIII	<u></u>
Signature	Signature	

Articles of Incorporation Filing Fee — \$70.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

of Florida submits the following statement in designating the registered office/registered agent, in the State of Florida.		
1. The name of the corporation/professional association is: DARRYL BRALAND P/C, INC.		
2. The name and address of the registered agent and office is: Jay McKesey		
Full name	∞	
Suite 121-1052 Montgomery Rd.	97 SEP SECREI	
Address (P.O. Box not acceptable)	EP 29	
Altamonte Springs, Florida 32714	AH. F	
City, State, and 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.

SIGNATURE OF REGISTERED AGENT

Designation of Registered Agent Filing Fee — \$35.00