PATRONOS 7502.

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

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SUBJECT:	THE PERFECT IMAGE OF AMERICA INC. (Proposed corporate name - must include suffix)			
Enclosed is an original a	nd one(1) copy of the article			
\$3 \$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:		J. JACOB Printed or typed) JON STREET	97 (SEGK TALLA	
_	PORT CHARLOT	Address	JANY OF S JANY OF S 757	FILED
		, State & Zip - 6584	9: 04 ORIDA GA	
Touid GAT		Telephone number		
UTHORIZATION BY PHONE TO) 			
DATE 10/10/97			@.Mcl(nlght 'GCT	1 0 199
	TE: Please provide the c	original and one conv	of the articles	

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

THE PERFECT IMAGE OF AMERICA INC.

ARTICLE II PRINCIPAL OFFICE

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

2137 DEVON STREET PORT CHARLOTTE FL. 33952

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DAULD J. JACOB 2137 DEVON STREET PORT CHARLOTTE FL 33952

ARTICLE V INCORPORATOR

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

DAVID J. JACOB 2137 DEVON ST PORT CHARLOTTE FL 3395Z

V []

(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 refating 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/Registered Agent

Data