PATOOOOYOOHH

TRANSMITTAL LETTER

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

| ্ব । বিশ্ব ক্ষিত্ৰ সংগ্ৰহণ সংগ্ৰহণ কৰা | The second secon | namo - must includo sulfixi DDDD2 -10/1 **** | 2317040 0/9701019010 *78.75 *****78.7 |
|---|--|--|---|
| inclosed is an origin or : (\$70.00 Filing Fee | nal and one (1) o \(\sqrt{1}\) \$78.75 Filing Feo & Cerviicate | Filing Fee Filing Fee, & Certified Copy Additional Copy Required | 97 OC SECRE TALLAF |
| FRON | Nam | o (printed or typed) 5 E. Rovkiettie AN Address | T 20 PH 2: 19 TARY OF STATE ASSEE. FLORIDA |
| Mark Care | 561 | ST KVOIS FLA 34883 City, State & Zip 878-7179 no Telephone number | • |

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 10, 1997

BARBARA MORAN 858 SE ROULETTE LANE PORT ST. LUCIE, FL 34983

SUBJECT: MORAN ENTERPRISES P.A. Ref. Number: W97000023271

BARBARA

We have received your document for MORAN ENTERPRISES P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6923.

Doris McDuffie Corporate Specialist Supervisor

Letter Number: 997A00049892

FILED

ARTICLES OF INCORPORATION 97 OCT 20 PH 2: 19

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:

BARBARA MORAN ENTERPRISES P.A.

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

> 858 SE ROULETTE LN PORT ST LUCIE, FLA 34983

> > ARTICLE III SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLEIV The name and address of the initial registered agent is:

Barbara Moran 858 S.E. Roulette Lane Port St. Lucie, FL 34983

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 Moran, President 858 S.E. Roulette Lane Port St. Lucie, FL 34983

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15T day of OCTOBAR . 19 97 .

(An additional article must be added if an effective date is requested.)

Signature
Signature

Notarization is not required

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED 97.0CT 20 PH 2: 19

PURSUANT TO THE PROVISIONS OF SECTION 607.0501. FLORIDA STATUTES 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 ARBARA MARAN IENTERPRIZES P.A.
- 2. The name and address of the registered agent and office is:

SS SE ROULETTE LA (P.O. BOX OF MALL PROPERTY INTERPRETABLE)

PORT ST. LUCIA FLA 34983

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) MOREN 10-1-