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

ECCOY ENTERPRISES. SUBJECT: (Proposed corporate name - must include suffix)

000002330750--7 -10/27/97--01153--002 ****131.25 ****131.25

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70,00 Filing Fee \$78,75

Filing Fee & Certificate **\$122.50**

\$131.25

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

Name (Printed or typed)

Ho, S.W. 46 STREET
Address

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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:

TEOCOM ENTERDRISES, INC.

ARTICLE II PRINCIPAL OFFICE

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

17801 Sw. 46 STREET For LAUDEROOLE, FLA 33231-1131 97 OCT 27 AM 9: 3: SECRETARY OF STATE

ARTICLE III SHARES

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

TEN THOUSAND (10,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NOGEN S. GREEN

1780, Su 46 STREET

F.F. LOUDENDOLE, ELD.

23331-1231

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):

Soase B. Cross 1780, Servi meer Fr. Lancercolo, Felo 32331-1131

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

20 day of Octores, 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 REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501; FLORIDA STATUTES, THE 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	of the corporation is: TEOCON LAVIER PRINCES LA
	(must include suffix)
2. The name a	and address of the regi s tered agent and office is:
	Socar C. Conser ALLAND
	(Name) SSRY 27 E
	1780/Sw Hismen For & M
	(Street address - P. O. Box or Mail Drop Box NOT acceptable)
e e e e e e e e e e e e e e e e e e e	Er Langerola Lla 22731-1171
*	(City/State/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)

(Date)