Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Personal disconfictions SUBJECT:	Joe (B- Ro (Proposed co	Se_ O. O. P. A. orporate name - must include	SECRETARY OF STATE TALLAHASSEE, FLORIDA suffix)	FILED 97 OCT 24 AN IO: 24			
Enclosed is an original ar	nd one(1) copy of the articles	s of incorporation and a c	heck for :	<u>:</u>			
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL COI	\$131.25 Filing Fee, Certified Copy & Certificate PY REQUIRED				
FROM:	Joel B. & Name (Pr	ose, Θ . ϕ .	70000234 -11/07/97- ******78.7	11773 01009025 'S *****78.75			
TAMPA, F1 33685-1748 City, State & Zip							
NOT	813 - 883 - 3 Daytime Te Name Availability (O) 29 Document Examiner Upda er Upda er Please provide the or	elephone mimber	the articles.	30 5 8.75 8.75			

Acknowledge.cent

W.P. Verifyer

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 1	NAME		
The name of t	he corporation	shall l	be:

Joel B. Rose, 0-0, P.A.

ARTICLE I	m .	PRINCIPAL.	OFFICE
		• 4/311 CTC UTC	CIN FIRE NA

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

6101 Webb Road, Suche 207 - Mailing TAMPA, Florda 38615 PO BOX 261748

ARTICLE III SHARES

TA~pm, Fla 33685-1748 The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

(00 @ \$1.00

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

Joel B. Rose D.d. 601 Webb Koad, Sule 207 TAMPA, Fl 33615

INCORPORATOR

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

Signature/Incorporator

(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

Signature/Registered Agent