POTOWO 93287

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

97_ OCT 29 PM 12: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: Sensory Perceptions Inc. (Proposed corporate name - must include suffix)		
	5000 023323 1 5- -10/29/970104400 *****78.75 ******78	
Enclosed is an original and one(1) copy of the article	es of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate	□\$122.50 □ \$131.25 Filing Fee Filing Fee, & Certified Copy & Certificate	
	ADDITIONAL COPY REQUIRED	
FROM: Robert Lover Name (Pr		
West Me Bourse, Fl, 32904 City, State & Zip		
467-728-9	Robert Lorenzigave	
Dayunie 16	AUTHORIZATION BY PHONE TO CORRECT ALDICLE TIT	
	DOC. EXAM PH	
NOTE: Please provide the original and one copy of the articles.		
K	: P Hall TOCT 3 & 1007	

Signature/Registered Agent

ARTICLES OF INCORPORATION	FILED
The undersigned incorporator, for the purpose of forming a corporation under the H Business Corporation Act, hereby adopts the following Articles of Incorporation.	SECRETARY OF STATE
ARTICLE I NAME	TALLAHASSEE, FLORIDA
The name of the corporation shall be:	
Sensory Perceptions, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of hydrogen and position and positi	
The principal place of business and mailing address of this corporation shall be 2835 Sunset Ru.	e:
west melborne Fl. 32904	
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outsi	tanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET The name and Florida street address of the initial registered agent are: Robert Loren 20 2635 Senset Rd. West Melbourse FL. 32904	<u>ADDRESS</u>
ARTICLE V INCORPORATOR	-
The <u>name and address</u> of the incorporator to these Articles of Incorporation and Robert Lorenzo	are:
NOSET LORENCO 2835 Sunset Rd. West Melsonane FL 32904	
	0/23/67
Signature/Incorporator	Date
(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 state this certificate, I hereby accept the appointment as registered agent and agree to act in this the provisions of all statutes relating to the proper and complete performance of my duties obligations of my position as registered agent	capacity. I further agree to comply wit.

10/23/97

Date