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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 000002335020--0 -10/31/97--01059--001 *****78.75 ******78.75

profice and a chaple

SUBJECT:	ROGUE	DESIGN	STUDIO	INC.		
00000	(Proposed corporate name - must include suffix)					

Enclo	sed is an original	and one (1) cop	y of the articles of	incorporation and a check
for:	\$70.00 Filling Fee	\$78.75 Filling Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
,	FROM:		D DESFOR	RGES
	, i	7594	OAKBOR	O DRIVE
		LAKE	Address WORTH 1	FL. 33467
		_	ity, State & Zip	
		(56	1)-968-412	29
		Daytim	e Telephone number	

SECRETARY OF STATE OF VISION OF CORPORATION OF CORP

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

RP 10-3-97

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

ROGUE DESIGN STUDIO INC. The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

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

OAK BORO DRIVE LAKE WORTH FL. 33467

ARTICLE III SHARES

The number of shares of steck that this corporation is authorized to have outstanding at any one time is: 1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DAVID DESFORGES 7594 OAKBORD DRIVE, LAKE WORTH FL. 33467

ARTICLE V INCORPORATOR(S)

The name(s)	and street addres	s(es) of the incorporator(s) to these Articles of Incorpora-
tion is(are):	DAVID	DESFORG	
		OAK BORO	
	•	WORTH,	
		DVORTH,	33467
		,	33701
			•
The undersid	ned incorporator	(s) has(have) executed th	ese Articles of Incorporation this
		OCTOBER	
KIDAY	<u>JIST</u> day of	OCIOBER	
	David 16	Signature	
	_ Name (C	Signature	
, 		Signature	

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF 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 the corporation is: ROGUE DESIGN STUDIO INC
2. The name and address of the registered agent and office is:
DAUID DESFORGES (Name) 7594 OAKBORO DRIVE (P.O. Box not acceptable) CAKE WORTH FLORIDA 33467 (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.
(Date)

(Signature)