## P970000094147

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

SUBJECT:	T, FAR60 ANT		-11/06/97- ES (******78.7	97126 -01002014 5 *****78.75
Enclosed is an origina	I and one(1) copy of the articles	s of incorporation and a	check for :	SECRETARY DIVISION OF CO
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate	THEO STATE ARY OF STATE OR STA
FROM:	TIMOTHY E. Name (Pr	ADDITIONAL CO	DPY REQUIRED	
501 FIRST AVENUE NORTH SUITE SOI Address				
	City,			
	Daytime T	elephone number		

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florid	c
The windersigned in the properties	
Rusiness Corporation Act, hereby adopts the following Articles of Incorporation.	

ARTICLE I NAME

The name of the corporation shall be:

T. FARGO AND ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

FIRST AVENUE WORTH # 501

ST PETERSBURG, FL 33701

SHARES ARTICLE III

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

100,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

TIMOTHY E. FARGO # 501

ST PETERSBURE, E 33701

ARTICLE V INCORPORATOR

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

TIMOTHY E. FARGO 501 FIRST AVENUE NUMBER # 501 ST. PETERS BURG, FL 33701

nature/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 obligations of my position as registered agent

Sighature/Régistered Agent