PO (SAMPLE LETTER OF TRANSPIRTABLE) DATE 1/27/97

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

500002358015--7 -11/26/97--01082--007

Re: SPACE COAST OVICK LOUNS, Inc

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with the check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Cynthes Call

SPACE COAST QUICK LOONS Inc. (Name of Corporation)

4/92

MAILING ADDRESS OF CORP	CHATION —
988 B SOUTH O	151
Bockledge, Fl	32955
' '	
PHONE — (407) 631-1009 Area Code Number	
Area Code Number	Ext.

ARTICLES OF INCORPORATION

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: SPACE COAST ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted ander the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 1000 shares of common stock, par value \$ 1.000 ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS SOUTH ZIP 32955 **FLORIDA** Mailing address, if different STREET ADDRESS ZIP **FLORIDA** CITY ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registered office and the name of the initial registered agent at the office is: NAME **ADDRESS**

CITY

FLORIDA

ddresses of the in	diminished from time to time by itial director(s) of the corporation	n are as follows	out shall i	lever be less than on	e (1). The names and
NAME (SAR Ainton				
ADDRESS G	88 B SOUTH	U.S 1		-	
CITY	Rockledge		STATE	FLORIDA	ZIP 32955
NAME		-			
ADDRESS					
CITY			STATE		ZIP
NAME					
ADDRESS	<u> </u>		<u> </u>	=	
CITY	÷ ,	<u>-</u>	STATE		ZIP
he names and ad	dresses of the incorporators signi	ng these Article			ws:
NAME (ws:
NAME () ADDRESS 9	dresses of the incorporators signi		es of Inco	rporation are as follo	ws:
NAME (ADDRESS 9 CITY R	dresses of the incorporators signi	ng these Article			ws: ZIP <i>3 7955</i>
NAME ADDRESS CITY NAME	dresses of the incorporators signi	ng these Article	es of Inco	rporation are as follo	zip <i>3,2955</i>
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NAME ADDRESS CITY NAME ADDRESS CITY	dresses of the incorporators signi	ng these Article	s of Inco	rporation are as follo	ZIP <i>3.7955</i>

_ (Signature)

_ (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

SPACE	COAST	Quick	LOANS	FNC	-
•		(name of corp	poration)	-	

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 700 D SU/A US		
Rockledge, FloriDA 32955		
has named	F 8 10	
located at the aforesaid address, as its registered agent to accept service of process w		_
state.	ELW FAX	a
	SET OF	7

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.

Cynthia Carr. 11-27-97
(Signature) (Date)

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