# P97000101702

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

SUBJECT:	Austin Invest (Proposed o	ment Group, orporate name - must include	Tac -	<u> </u>
			00002358 <sup>-</sup> -12/01/970 ****122.50	
Enclosed is an original	and one(1) copy of the article	es of incorporation and a	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	Deldoie Wed	inted or typed)		•
12481 lab Street Worth Address				
West Pam Beach, Fr 33412 City, State & Zip				
_	(561) 753-	8942 lephone number		
Non			SECRE WARY OF STATE TALLAHASSEE, FLORID, the articles.	97 DEC -1 AM 10:
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 Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE 1 NAME

The name of the corporation shall be:

Austin Investment Group, Inc.

97 DEC - 1 AM IO: 1

# ARTICLE 11 PRINCIPAL OFFICE

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

12481 66th Street North West Palm Beach, FL 33412

### ARTICLE 111 SHARES

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

100 shares

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Debbie Webb 12481 66th Street North West Palm Beach, FL 33412

### ARTICLE V INCORPORATOR

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

Debbie Webb 12481 66th Street North West Palm Beach, Florida 33412

Signature/Incorporator

Date

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.

Signature/Registered Agent

Date