(SAMPLE LETTER OF TRANSMITTAL)

Florida Deprement of State Division of Corporations P.O. Box 632 Tallahassee, FL 32314 Division of Corporations P.O. Box 632 Tallahassee, FL 32314 Florida Deprement of State Division of Corporations P.O. Box 632 Florida Deprement of State Division of Corporations P.O. Box 632 Florida Deprement of State Division of Corporations P.O. Box 632 Florida Deprement of State Division of Corporations P.O. Box 632 Florida Deprement of State Division of Corporations P.O. Box 632 Florida Deprement of State Division of Corporations P.O. Box 632 Florida Deprement of State Florida Deprement of State Division of Corporations P.O. Box 632 Florida Deprement of State Florida Deprement of State Division of Corporations P.O. Box 632 Florida Deprement of Corporations Florida Deprement of Corporatio
Re: They 6117PP, Inc. (Name of Corporation), 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 Pagistered Agent Designation for the above paged competition.
Registered Agent Designation for the above named corporation. Very truly yours.
Joy Heyerd J (Individual's Name)
(Name of Corporation)
MAILING ADDRESS OF CORPORATION —
PHONE

Number

ARTICLES OF INCORPORATION

The undersigned acting as the incorporators of a corporation the following articles of incorporation for such corporation:	oration under the Florida Busine	ss Corporation Act, adopt(s)
	CORPORATE NAME	0145
The name of the corporation is: Ony (Fi) yard Inc		97 DEC 12
ARTICL This corporation shall exist perpetually unless dissolve	E II - DURATION ed according to Florida law.	PH 1:22
ARTICL The corporation is organized for the purpose of engaginated States and the State of Florida.	E III - PURPOSE ing in any activities or business	permitted under the laws of the
The corporation is authorized to issue 500 sha	TIAL PRINCIPAL OFFICE	
STREET ADDRESS Cathon		
CITY	FLORIDA	ZIP
Mailing address, if different STREET ADDRESS 6 2 5.6. Hwy	30/	
city Hawthorne	FLORIDA -	ZIP 3264/)
	GISTERED OFFICE AND A	· · · · · · · · · · · · · · · · · · ·
The street address of the initial registered office a	nd the name of the initial regi	stered agent at the office is:
NAME ONV Gilyard	, , , , , , , , , , , , , , , , , , ,	
ADDRESS 11621 58 Hwx 301		
CITY Hawthorne	FLORIDA [ZIP 32640

Tony Gilyard, Inc

This corporation shall have	aws, but shall never be less than	e number of directors may be one (1). The names and
NAME TONY Cilvard		
ADDRESS 11621 SE HWY 301		
city Hawthorne -	STATE [ZIP 32 /40
NAME		_
ADDRESS		· · ·
CITY	STATE	ZIP
NAME		-
ADDRESS		
CITY	STATE	ZIP
The names and addresses of the incorporators signing these A	- INCORPORATORS Articles of Incorporation are as for	ollows:
ADDRESS [[6] 5 = Hwy 30/		-
city flawthorne	STATE 7	ZIP 32640
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS	·	
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these Anday of	rticles of Incorporation this	10 ^{+ L} (Signature) (Signature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

(name of corporation)
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
located at the aforesaid address, as its registered agent to accept service of process within this
state.
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 regis-
tered 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.
May Helyard Dec 19 1997 (Signature)