SAMPLE LETTER OF TRANSMITTAL) Florida Department of State SAMPLE LETTER OF TRANSMITTAL)

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

600002370076--2 -12/12/97--01009--006 ****122.50 ****122.50

Re: Re: (Name of Corporation), Inc.

Gentlemen:

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

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

Very truly yours.

Roy Don Roberts
(Individual's Name)

Pot P. Town Service 2nd:
(Name of Corporation)

MAILING ADDRESS OF CORPORATION

PO BOX 17 69

Alachua, Florida

32 616-1769

PHONE

(904) 418-1228

Area Code Number Ext.

3/1

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: 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 under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 500 shares of common stock, par value \$ 1,00 ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS CITY **FLORIDA** Mailing address, if different STREET ADDRESS CITY **FLORIDA** 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 ROY DON Roberts	
ADDRESS 14516 NW 214 avenue	
CITY Alachua FLORIDA	ZIP 32615

ARTICLE VII -	INITIAL	BOARD	OF	DIREC	CTORS
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either increased or diminished from time to time addresses of the initial director(s) of the corporation	e by the By-Laws, but shall never be less than one ation are as follows:	
NAME ROY DON RO	oberts	
ADDRESS 14516 nw.	214 avenue	
CITY Alachua.	STATE FLOTI da	ZIP 32615
NAME Pamela Jea	n Roberts	
ADDRESS 14516 NW 2	14 avenue	
CITY Alachua	STATE Florida	ZIP 32615
NAME		
ADDRESS	-	
CITY	STATE	ZIP
AF	RTICLE VIII - INCORPORATORS	_
	igning these Articles of Incorporation are as follow	s:
NAME DU DON DO	honte	
ADDRESS 14 16 M(1)	Old Busses	
CITY Alachua	STATE FLORI da	ZIP 30615
NAME		-) ~ W· S
ADDRESS		
CITY	STATE	ZIP .
NAME _		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have exected day of	uted these Articles of Incorporation this, 19_97.	// (Signature)
	Pamela Roke	(Signature)
		(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

OT DEC 12 PM 1:35

RaP Tower Service the.

(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 14516 nw 214 avenue

Alachua, Fronda 32615

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 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.

Alan Males (Signature)