P97000105273

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

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UBJECT: P.E.	A., Inc. (Proposed co	orporate name - must include	e suffix)
nclosed is an original	and one(1) copy of the article	es of incorporation and a	check for:
□ \$70.00	□ \$78.75	□\$122.50	≦ \$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy
		ADDITIONAL CO	& Certificate DPV REQUERED
		ADDITIONAL CO	50 9
FROM:	Carol Wagner	rinted or typed)	AFF C
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	2635 Tilton Court	Address	PERFECT.
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	Orlando, FLorida 32835 City, State & Zip		
	City,	State & Zip	
	407-248-3445	elephone number	
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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 I NAME

The name of the corporation shall be:

P.E.A., Inc.



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

5422 Carrier Drive, Suite 203 Orlando, Florida 32819-8394

ARTICLE III SHARES

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

1,000 (One Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Carol Wagner 2635 Tilton Court Orlando, Florida 32835

ARTICLE V INCORPORATOR

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

Carol Wagner 2635 Tilton Court Orlando, Florida 32835

Signature/Incorporator

12-11-97

Date

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(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

Signature/Registered Agent

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