COSCIENT ROLL OF STREET OF

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

400002383314--8 -01/05/98--01048--016 ****122,50*****122,50

SUBJECT: FORMAC	MAC 3	#1 OF	GNAC	SPNINGS.	INC.		
SUBJECT.	(Proposed corporate name - must include suffix)						

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□ \$70.00 Filing Fee

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Filing Fee

& Certificate

⊠\$122.50

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Filing Fee & Certified Copy \$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	JAMES NIKSSON	7AL SE
110111	Name (Printed or typed)	ECRE
	690 S. STATE ROAD?	N -5
	Address	inc I
	MANGATE, FLONIDA 33068 City, State & Zip	AN II: 05 FLORIDA
	954. 968-4007	
•	Daytime Telephone number	

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		T.		
The name of the corporation shall be: FORMAL # 1	OF	GNAL	Springs,	ゴル こ

PRINCIPAL OFFICE ARTICLE II

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

1263 UNIVERSITY DRIVE GNAL SPNINGS FC. 3307/

ARTICLE III SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

JAMES NILSSON 690 S. STATE ROAD 7 MANGATE FLONINA 33068

INCORPORATOR ARTICLE V

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

JAMES NILSSON 690 S. STATE READY MANGATE, FLONISA 33068

luan James Kilsson Signature/Incorporator

(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

ns Kilsson Signature/Registered Agent