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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: TE	LE NATIONAL CO	os 🟱 ate name - must include sut	effix)	_
			30000242: -02/06/98- ****181.2	_010870
Enclosed is an original	and one(1) copy of the articles	s of incorporation and a	check for :	÷2
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	Signature Signat	98 FEB -6 PM_I: I
		ADDITIONAL CO	PY REQUIRED	P4 <
FROM: _	John Hanlon Name (Pr	rinted or typed)	GRATION	
	815 S. Volusia	Address		
	Grange city FC City,	. 327 63 State & Zip		
	904-774-0402 Daytime T	elephone number	<u>.</u>	
		. (P Hall FEB - 6	, 199 8

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Tele NATIONAL CORP

ARTICLE II PRINCIPAL OFFICE

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

& 5 S. WOLLUSA Are Orange city, FL 32763

ARTICLE III SHARES

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

1,000 Shaves - 1.00 per value (common block)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOHN HANCON South volusia

Drange city PC 32763

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Hanlon

\$ 45 45 Fair port Ave Delean Springs FC 3d130

(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 Matutes 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