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

P9800013729

Re: DRAGONS WEYR , INC. , Inc. , Inc.

100002427771--5 -02/11/98--01069--013 ****122.50 ****122.50

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 for Registered Agent Designation for the above named corporation.

Very truly yours.

SECRETARY OF STATE

(Individual's Name)

SECRETARY OF STATE

(Individual's Name)

LAGONS WEYR, INC
(Name of Corporation)

MAILING ADDRESS OF CORPORATION

126 Oak Hollow Drive

Haines City, Florida 33844

PHONE

(941) 422-6640

Area Code Number Ext.

Seminole Form 215: Trans. Letter (0195)

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ARTICLES OF INCORPORATION

of

	DRAGONS WEYR, INC.		
	(n	ame of corporation)	
The undersithe following arti	igned acting as the incorporators of a cicles of incorporation for such corporat	orporation under the Florida Busine ion:	ess Corporation Act, adopt(s)
	ARTICL	E I - CORPORATE NAME	
The name of	of the corporation is:		74 9
	DRAGONS WEYR, INC.		
	ART	ICLE II - DURATION	
This corpor	ration shall exist perpetually unless dis-	solved according to Florida law.	
	ART	TICLE III - PURPOSE	
	ation is organized for the purpose of erd the State of Florida.	ngaging in any activities or business	permitted under the laws of the
	ARTIC	LE IV - CAPITAL STOCK	
The corpor	ation is authorized to issue 1,000	_shares of common stock, par value	e \$ 1.00 per share.
The street a	ARTICLE V - address of the initial principal office an	INITIAL PRINCIPAL OFFICE d, if different, the mailing address i	s:
STREET ADDR	192 QUILLI		
· ·	4301 West Vine, B-33	- · · · · · · · · · · · · · · · · · · ·	
CITY	Kissimmee	FLORIDA	ZIP 34746
Mailing a	ddress, if different		
STREET ADD	RESS 126 Oak Hollow Drive		
CITY	Haines City	FLORIDA	ZIP 33844

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	Betty I. Maxwell	-	·-
ADDRESS	126 Oak Hollow Drive		
CITY	Haines City	FLORIDA	ZIP 33844

IAME	James W. Palmer, 111		-	
ADDRESS	19 B North Beaumont Avenue			-
ITY	Kissimmee.	STATE Flo	rida	ZIP 34741
NAME	John H. Goodwin		······································	
ADDRESS	1905 Kelley Avenue, Apt. 1	<u>-</u>		*
CITY	Kissimmee	STATE Flo	rida	ZIP 34743
NAME	Betty I. Maxwell			
ADDRESS	126 Oak Hollow Drive		<u> </u>	
CITY	Haines City	STATE Flo	rida	ZIP 33844
NAME ADDRESS	Betty I. Maxwell 126 Oak Hollow Drive			
	Betty I. Maxwell 126 Oak Hollow Drive Haines City	STATE Flo	rida .	ZIP 33844
ADDRESS	126 Oak Hollow Drive	,	rida	ZIP 33844
ADDRESS CITY	126 Oak Hollow Drive	,	rida .	ZIP 33844
ADDRESS CITY NAME	126 Oak Hollow Drive	,	rida .	ZIP 33844 ZIP
ADDRESS CITY NAME ADDRESS	126 Oak Hollow Drive	STATE Flo	rida	
ADDRESS CITY NAME ADDRESS CITY	126 Oak Hollow Drive	STATE Flo	rida	
ADDRESS CITY NAME ADDRESS CITY NAME	126 Oak Hollow Drive	STATE Flo	rida	
ADDRESS CITY NAME ADDRESS CITY NAME ADDRESS CITY	126 Oak Hollow Drive Haines City	STATE F10 STATE		ZIP
ADDRESS CITY NAME ADDRESS CITY NAME ADDRESS CITY The undersig	126 Oak Hollow Drive	STATE F10 STATE		ZIP

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

ON FEB 10 PM 2: 13

DRÁGONS WEYR,		INC.
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(name of corporation)

Pursuant to Flor	la Statutes Sections 48.091 and 607.0501, the following is submitted:	
The above corpo	ration, organized under the laws of the State of Florida with its registered of	fice
as indicated in that	e Articles of Incorporation 126 Oak Hollow Drive	
	Haines City, Florida 33844	
has named	Betty I. Maxwell	
located at the afe	resaid address, as its registered agent to accept service of process within this	s

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.

Buty Imanuel	February 9, 1998
(Signature)	(Date)

state.