3/404 Department of State Division of Corporations

P. O. 6327 Tallahassee, FL 32314

Production,

SUBJECT:

(Proposed corporate name – must include suffix) incl. corp.

Enclosed is an original and one (1) copy of the articles 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

& Certificate

Please return the photocopy to me with the filing date stamped on it.

FROM:

m

FAX		Date -	Date 4-14-98	
		Number of pag	ges including cover sheet 1	
To:	Bobbie Cox Division of Corporations	FROM:	Kia Ricchi FORM SHAPING INC 601 DAKOTA AVE. ST.CLOUD, FL 34769	
Phone Fax Phone		Phone Fax Phone	892-1635 SAME	
REMARKS: Ms. Cox, Thank you for I would like to	_ •	Reply A.	SAP Please Comment	
I submitted the	n advise me on how to contact the IRS department of paperwork to them with the name Center Line, Income and got the "go ahead" prior to submitting pape	: because I had calle	ed and checked the availability of the	

Articles of	Incorporation
1. The name of the corporation shall be: P_{ro}	Center Line 38 APR 3 AM 8:3 AM 8:3 AM 8:3 AM 8:3
 2. The principal place of business and may 45/6 Pine 1 St. Cloud 3. The corporation shall have the authority 	ake Dr
3. The corporation shall have the authori	ty to issue shares of stock.
4. The registered agent of the corporat registered street address is 45/6 P. Florida 34169	ion is Christing Richi and the Ine Lake Dr, St Cloud.
5. The initial Board of Directors shall have is/are as follows: CNSDIA K	member(s) whose name(s) and address(es)
The number of directors may be rai	sed or lowered by amendment of the bylaws of
the corporation but shall in no case be less	
6. The incorporator of this corporation address is 4576 PINE Lake D	is Christing Ricchi whose street
Dated <u>4-1-98</u>	Christina Ricehi
·	Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 4-1-98

Registered Agent

ishina Ricchi