TRANSMITTAL LETTER

P98000033019

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

SUBJECT:	D'Amico Profession (Proposed co		suffix) 500002483 -04/03/98 *****78.75	34652 01014007 ******78.75
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	S131.25 Filing Fee, Certified Copy & Certificate PY REQUIRED	
FROM:	Alphonse D'Amico			
	Name (Printed or typed)			
	8330 Chatsworth Street			98 APR
•	Address			FII OF S
	Coming Itial BI 24600			CORP.

NOTE: Please provide the original and one copy of the articles.

City, State & Zip

Daytime Telephone number

(352)666-7153



ARTICLES OF INCORPORATION

98 APR -9 AM 9:06

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: D'Amico Professional Services, Inc

ARTICLE II PRINCIPAL OFFICE

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

8330 Chatsworth Street Spring Hill, FL 34608

ARTICLE III SHARES

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

Onethousand

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Alphonse D'Amico 8330 Chatsworth Street Spring Hill, FL 34608

ARTICLE V INCORPORATOR

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

Alphonse D'Amico 8330 Chatsworth Street Spring Hill, FL 34608

Signature/Incorporator

<u>6/98</u> Date

(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

Date