

P98000046826

TRANSMITTAL LETTER

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

700002531497--5
-05/21/98--01055--013
*****78.75 *****78.75

SUBJECT: THE CORNER, INC.
(Proposed corporate name - must include suffix)

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

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: DAVID B. CORNEAL
Name (Printed or typed)
816 EATON STREET
Address
KEY WEST, FL 33040
City, State & Zip
305-293-0438
Daytime Telephone number

98 MAY 21 PM 2:59
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

38
5/21/98
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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

The name of the corporation shall be:

THE CORNER, INC

ARTICLE II PRINCIPAL OFFICE

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

814 EATON STREET
KEY WEST, FLORIDA 33040

ARTICLE III SHARES

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

100,000 COMMON - NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

STANLEY C. CORNEAL
814 EATON STREET
KEY WEST, FLORIDA 33040

ARTICLE V INCORPORATOR

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

DAVID B. CORNEAL
816 EATON STREET
KEY WEST, FLORIDA 33040

David B. Corneal
Signature/Incorporator

5-20-98
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

David B. Corneal

Signature/Registered Agent

5-20-98
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA