(((H98000009862 7)))

DIVISION OF CORPORATIONS

FAX #:

(850) 922-4001

FROM: AL CLARK

ACCT#:

072100000173

CLARK CONTACT: AL

PHONE: (813)398-6011

FAX #:

(813) 528-7222

NAME: BUSINESS FRANCHISE, CORP.

AUDIT NUMBER...... H98000009862

DOC TYPE......FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...O

PAGES....

DEL.METHOD.. FAX

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be

Business Franchise, Corp.

ARTICLE II PRINCIPAL OFFICE

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

13575 58th Street N. Suite 200

Clearwater, FL. 33760

ARTICLE III SHARES

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

1000 SHARES NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: prepared by:

Name: Johnny Watts

Address: 2834 Hamner Ave. Norco, CA. 91760

PH # 949-440-3270

Accounting & Tax Help, INC. 8668 PARK BLVD Suite .A SEMINOLE, Florida 33777

98 MAY 27 PM 1: 10 SECRETARY OF STATE ALLAHASSEE, FLORID

APPROVED.

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jan haya a kababan ±a bira w

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ARTICLE V INCURPORATOR(S)

See instructions for officershiltrectors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(see):

Johnny Watts 2834 Hamner Avenue Norco, CA. 91760

The undersigned inc	orporator(s) has (have	e) executed these At	ticles of Incorporation (d3
27 4	of May		19 <u>98</u>	
	article must be added			
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x yo	enery 40	emature		
		igneture.		
مين سند		Signature		

Notarization is not required

NOTE: Afficing an officer tide after a signature of an incorporator does not constitute the designation of afficers.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF PLORIDA

The name of the corporation is:

position as registered agent.

Business Franchise, Corp.

2. The name and address of the registered agent and office is:

Accounting & Tax Help, INC. (Name)

8668 PARK BLVD. Suite A (P.O. Box not acceptable)

SEMINOLE, Florida 33777 (City/State/Zip)

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

DATE 5-27-98

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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