## P98000048210

Department of State

DOC. EXAM\_

Division of Corporation	ons		-05/27/980 *****70.00	1110004 *****70.00
P. O. Box 6327 Tallahassee, FL 3231	4			·
SUBJECT:	DW COST MEA	T MAKE orporate name - must includ	de suffix)	
Enclosed is an origina	al and one(1) copy of the articles	s of incorporation and a	check for :	,
	Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	DPY REQUIRED	
FROM:	NI ZAR W. OB	EID inted or typed)		- 
	3705 N. 29+1	ddress	TAN S	٥
	TAMPA FL.	33610	ECRETA LLAHAS	
	18135 248-	State & Zip  8382	RY OF S	7 PH 2: 20
Migar M. Obe	eid GAVE	elephone number	ORIDA	20
AUTHORIZATION BY PHO CORRECT OF ITS	18			•

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

BR 5/29/98

ARTI	CLES	OF	INCO	RPOR	ATION
		$\mathbf{v}$	11100	$\mathbf{I}$	

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

<u>ARTIC</u>	LE I	NAME				
The nam	e of the co	rporation sha	ll be:	ET 11	vC-	

ARTICLE	<u>II PR</u>	INCIPA	AL OFFI	<u> </u>		
The principal	place of b	usiness a	nd mailing	address	of this	COTDOT

33610

3705 N. 2916. ST. TAMPA, PL.

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

950 SHARES/NITAR N. OBEID 50 SHARES / CHERIL D. WILLIAM SON

INITIAL REGISTERED AGENT AND STREET

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

MIZAR N. OBEID 3705 N. 29th St.

Tampa, FL 33610

ARTICLE V INCORPORATOR

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

PRESIDEINT

VIC. PRESIDENT CHERYL D. WILLIAMSON

3705 N. 29th St., Tampa, FL 33610

Signature/Incorporator 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