198000054107

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

| SUBJECT: | OR LANDO (Proposed corpora | SCONC, | INC - |
|--|----------------------------------|--|---|
| Enclosed is an original and | d one(1) copy of the articles | | 000025598751 -06/15/9801085018 ****122.50 ****122.50 heck for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate | W\$122.50 Filing Fee & Certified Copy ADDITIONAL CO | \$131.25 Filing Fee, Certified Copy & Certificate |
| FROM: TIM DOYLE Name (Printed or typed) 2517 SHADER RD, UNIT 2 Address | | | |
| ORLANDO, FLORIDA 32804 City, State & Zip HO7 299 3554 Daytime Telephone number | | | |
| | | | 60-4 |

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



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:

ORLANDO SCENIC, INC.

ARTICLE II PRINCIPAL OFFICE

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

2517 SHADER RD, UNIT 2 ORLANDO, FL. 32804

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JIM DOYLE 1715 DOWN LAKE DR. WINDERMERE, FL 34786

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

JAMES DOYLE 1715 DOWN LAKE DR. WINDERHERE, PL. 34786

Signature/Incorporator

6/10/98

(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