TRANSMITTAL LETTER

SECRETARY OF STATE

98 JUN 22 AM 8:53

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

SUBJECT:

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

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

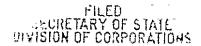
7816 SOUTHSIDE BLUD #59

JACKSORVILLE FLORIDA 32256 City, State & Zip

904 - 641 - 983 y

Davtime Telephone number

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



ARTICLES OF INCORPORATION

98 JUN 22 AM 8:53

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:
OPTIONS INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
JACKSONEVILLE FLE, P.O.BOX 600369. JACKSONEVILLE, FLORIDA. 32260-0369.
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:
ALCONOCILE, FLO. 32256
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
ALFREDO CARBALLO
1816 South side Blud #59 packsmille, Dlo 32256
CHV with Bules 6-19-98
Signature/Incorporatol Date
ARTICLE VI - (SEE ATTACHED)
(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

6-19-98

Signature/Registered Agent

ARTICLE VI

ENames and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman: ALERS CARBALLO.
Address: 7846 SOUTHSIDE BLUD #59 PAUSONULE, FORIDA 32856
Vice Chairman: TERRY SEATON.
Vice Chairman: TERRY SEATON. Address: 1042 LARKSPUR LOOP, JACKSONEVILLE. FLO. 32257
Director:
Address:
Director:
Address:
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: HEREDO CARBALLO
Address: 7816 SOUTHSIDE BLUD #59 JACKSONVILLE, FLORIDA
Vice President: TERRY SEATON.
Vice President: TERRY SEATON. Address: 1042 LARK SPUR LOOP JACK SORVILLE FLO 32259
Secretary:
Address:
T
Treasurer:
Address:
NOTE: If necessary, you may aftach an addendum to the application listing additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
- ALFREDO CARBALLO (CHAIRMAN)
(Typed or printed name and capacity of person signing application)