P98000057024

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

SUBJECT:	LC ASSOC (Proposed corpora	ate name - must include suff	TNC fix) 10002571 -05/24/980 *****78.75		39-1 19-1
Enclosed is an origina	al and one(1) copy of the articles	s of incorporation and a c			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
- FROM:	ERICA OLI Name (Pr	ARK rinted or typed)			
		CK BLUD Address	#120	-	
	DEMINOLE City,	\$tate & Zip	776	JL 86	USIVIO
	813 - 922 Daytime T	elephone number		98 JUN 24 PM 3	JIVISION OF CORPOR

PP 06-25-98



ARTICLES OF INCORPORATION

98 JUN 24 PM 3:21

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

The mane of the corporation shall be.
·
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
13977 PARK BLVD N. STE. 120
SEMINOLE, FL 33776
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ONE THOUSAND (1000) SHARES OF COMMON STOCK
AT A PAR VALUE OF (10) TEN CENTS PER SHARE
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are: FRICA CLARK
12000 David
13977 PARK BLVD N
STE. 120
ARTICLE V INCORPORATOR The name and address of the incorporation of the
The name and address of the incorporator to these Articles of Incorporation are:
ERICA CLARK
12977 DARK BIND N
13977 PARK BLVD N. STE. 120. SEMINOLE, FL 33776
STE. 120. SEMINOLE, PL 53176
Eria Clark 6/22/98
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