## PARMANETER 58119

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

000002574570--4 -06/29/98--01048--019 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original a \$70.00 Filing Fee	and one(1) copy of the articles \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
	DPY REQUIRED		
FROM: _	P.O. Box 216	Address	Ine Behinger GAVE
	352-495-9001	Telephone number	CORRECT Corp rome + Sucono  DATE (1-30 97)  DOC. EXAM

SHOESININGS INC.
(Proposed corporate name - must include suffix)

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

ARTI	C	L	ES OF	I	NCORPORATION	Ĭ
			TINCAN	2	SHOESTRINGS, INC.	

The undersigned incorporator, for the purpose of jerming 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:

TINCAN & SHOESTRINGS, INC.

ARTICLE II PRINCIPAL OFFICE

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

\$ 412 W. CHUNCH ST. P.O. BOX 216 ANCHEN, FL 32618

ARTICLE III SHARES

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

10 SHMES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JANE A. BEHNINGER 412 W. CHURCH ST. Ancher, FL 32618

ARTICLE V INCORPORATOR

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

Jane A. Behringer

412 W. Church St.

Archer, Fla. 32618

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