P98000004136

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

SUBJECT:	03 un7	15 EACH	ENTERP.	MISES.			
	(Proposed corpor	ate name - must include su	····································	NC.			
			00002593:				
			-07/20/980 ******78.75	0238 1070009 *****78.75			
Enclosed is an original a	nd one(1) copy of the articles	s of incorporation and a	check for :	_			
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate				
		ADDITIONAL CO	DPY REQUIRED	므			
FROM:	Bunz	BETTCH	98	VISION			
FROM: Better Name (Printed or typed) 98 JEFF 98 JEFF							
Address							
_	Lon G WOON FLA 32779 En						
	407 774 1348						
Daytime Telephone number							

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

4.2/5

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.

Dualisada Co. por allion 2201, 1111 Co. para pro-	Ü	-	-	
ARTICLE I NAME		_		
The name of the corporation shall be:				

BURT BEACH ENTERPRISES FUC.

ARTICLE III

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

451 STANTON PLACE
LONGWOOD FLA

32779

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

BURT BEITCH PLACE

L'ON 6 WUOD FLA

32779

INCORPORATOR

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

BURT BEITCH PLACE
451 STUTION PLACE
LINGUIDE FLA 32779 Signature/Incorporator

(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