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

400002598984--5 -07/27/98--01040--003 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT:	All American Pagents, Inc.
	(Proposed corporate name - must include suffix)

Enclosed is an ori	ginal and	one(1) copy	of the articles of	f incorporation and	l a check for:
--------------------	-----------	-------------	--------------------	---------------------	----------------

\$70.00 Filing Fee

\$78.75 Filing Fee

& Certificate

□\$122.50

50 **□** \$131.25

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	ElAine Mungon
	Name (Printed or typed)
	413 Sw Parish Terr
•	Address
	Pt. St. Lucie, Fl 34984
	City, State & Zip

561-336-3369

Daytime Telephone number

98 JUL 27 PM I2: D3
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Articles of Incorporation: All American Pageants, Inc.

July 23, 1998

**ARTICLE I:** The name of the corporation shall be All American Pageants. Inc.

So Ul 27 PHO 03 **ARTICLE II:** The principal place of business and mailing address of this corporation shall be 413 SW Parish Terrace, Pt. St. Lucie, Fl. 34984.

**ARTICLE III:** The number of shares that this corporation is authorized to have outstanding at any one time is 1000.

ARTICLE IV: The name and Florida street address of the initial registered agent are Elaine M. Munson, 413 SW Parish Terrace, Pt. St. Lucie, Fl 34984.

**ARTICLE V:** The name and address of the incorporator to these articles of incorporation are Elaine M. Munson, 413 SW Parish Terrace, Pt. St. Lucie, Fl. 34984.

Signature/Incorporator

Date

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