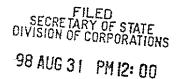
Department of State			2	: SO
Division of Corporations			AUG 3	
P. O. Box 6327			·· 	
Tallahassee, FL 32314	i	•	·	
SUBJECT:	S o P I	NC · orate name - must include su	ffix)	ORATIONS
		,	800002626 -08/31/98 *****78.75	3 71 ; 01066 ***
Enclosed is an original an	nd one(1) copy of the article	les of incorporation 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	
FROM:	Debrorah Name	ANO) Printed or typed)	· . # ·	
	16105 - CAN	nton A. Address	b and and and	
	Jampa, 5	6 33647 y, State & Zip	98 AUG 3 PEPARTMEN VISION OF C ALL ARLESS	RECE
_	8/3.975.9°	744 Telephone number	FF FOR SI	EIVE

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

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ARTICLES OF INCORPORATION

The name of the corporation shall be:

ARTICLE I

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

D, De Por Lac.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be: 10105 - Canton Court Jampa, Jh 33647
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:
ARTICLE V INCORPORATOR TO
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Deborah D. Davis 16105 - Canton Ct. Sampa, Th 33647
Leborah D. Kario 31 Hugust 1998
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