## TRANSMITTAL LETTER

## 2076500

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

SUBJECT:	Boomers	INTERIORS	INC
	(Proposed corporate name - must include suffix)		

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee \$78.75 Filing Fee & Certificate

**\$122.50** 

\$131.25

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	Boomer's	INTERIORS		
	Name (Printed or typed)			

1532 5, LYONS CT

OUIEDO FIO 32765
City, State & Zip

407 - 366 - 3682 Daytime Telephone number

R. Purintum SEP 2 1998

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

## ÁRTICLES 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.

ARTICLE II	PRINCIPAL	<u>OFFICE</u>	
The principal place	of business and	mailing address	of this corporation shall be
1532	5. 4	140NS	C 7
OUIER	00 l=	10 32	765

ARTICLE III SHARES

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

// 000,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent are:	
SHACON AGE BOOMER WIRT	
The name and Florida street address of the initial registered agent are:  5HATON BOOMER WIRTH  1532 5, LYONS CT  OVIEDO FIO 32765	
OVIEDO FIO 32765	
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	
SHAPON HAILER BOOMER WIRTH 1532 S, LYONS CT	
1532 5 140NS PT	
0.000 0127000	
OUIEDO Fla 32765	
1-21-98	
theren your -	
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

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