## Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 SC IMPORTS inc. SUBJECT: (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for \*\*\* 78. 7 □\$122.50 Filing Fee & Certified Copy \$131.25 Filing Fee, Certified Copy & Certificate ADDITIONAL COPY REQUIRED STUART C. RHODES Name (Printed or typed) 1024 DEL PRADO BIVD

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

CAPE CORAL FL 33990
City, State & Zip

941-573-1278

Daytime Telephone number

ARTICLES	<b>OF</b>	<b>INCORP</b>	ORATION
<u> </u>			

DIVISION OF CORPORATIONS

98 SEP -4 AM 9: 02

The undersigned incorporator, for the purpose of forming 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:  [NO.]
INTOICS INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
1024 DEL RADO BLUD.
CAPE CORAL FL 33990
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:
5201 SW 25th Place
Cape Coral, FL 33914
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
Stuart C. Rhodes
5201 SW 25th Place
Cape Coral, FL 33914
Cape Coral, FL 33914  Shloode 9/2/98
Signature/Incorporator Date
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(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