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

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SUBJECT: Permit	Providers of Cen (Proposed corp	Fral FLORIDA I	プルC。 ffix)
Enclosed is an original ar	nd one(1) copy of the article	es 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	PY REQUIRED
FROM:	DONNA LECKE Name (F	ONE Printed or typed)	· · · · · ·
	453 Benthe	4 STLEET Address	98 OC
	OU; EOO FL.	0 <i>Li 0 A 32765</i> State & Zip	98 OCT -9 PHI2: OF
	407-977-1275 GAVE Daytime T	elephone number	D IZ: 04
DONA JUTHORIZATION EYEMONE TO CORRECT art II & IV			N
DATE		<	TA-10/12/98

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

ADTICI	EC OF	INCODD	ORATION
		INCHER	JKAIHIN

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

Business Corporal	ASS.	
ARTICLE I	NAME	
The name of the	corporation shall be:	T Co

98 OCT -9 PM 12: 04

Permit Providers of CENTRAL FLORIDA INC.

ARTICLE	II	PRINCIPAL OFFICE

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

453 Bentley St OviEDO FLORIDA 32765

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:

DONNA LECKRONE 453 BENTLEY STREET OVIEDO Flor. da 32765

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DONNA LECKRONE 453 BENTLEY STREET OVIEDO FLORIDA 32765

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