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



SUBJECT: The Two of US Inc.
(Proposed corporate name - must include suffix)

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,	FROM:	Pamela Name	L'Hefield (printed or typed)	 _		
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		904-	825-0921 Telephone number		OF CORFORATION	A CONTRACTOR OF THE PARTY OF TH

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

The Two of us, Inc

ARTICLE II PRINCIPAL OFFICE

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

2615 Ada Arnold Rd. ST. Augustine, FL. 32092 98 OCT 13 AM 10: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Pamela Littlefield 2615 Ada Firnold Rd. St. Augustine, Fl. 32092

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Pamela LiTT/efield 2615 Ada Arnold Rd. ST Augustine, Fl. 32092

Gloria Horsley 2635 Ada Arnoid Rd. ST. Hugustine, Fl. 32092

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
2 day of <u>october</u> , 1998.
(An additional article must be added if an effective date is requested.)
Panele Settofold
Signature
Signature
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	The Two of US, II	10
2615 (P.O. E	istered agent and office is: Littlefield (NAME) Hda Hrnold Rd. Box or Mail Drop Box NOT ACCEPTABLE) 19 USTINE FL. 32092	98 OCT 13 AM 10: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

Pamela Settetiell 10-2-98 (DATE)