TRANSMITTAL LETTER 088219 Department of State * Division of Corporations P. O. Box 6327 .Tallahassee, FL 32314 4000 013 *****70.80 SUBJECT: (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 \$78.75 □\$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: JACQUELINE M. JACKSON Name (Printed or typed) 80 P. O. Box 3326 Address 33509 BRANDON, City, State & Zip (813) 828-9749 Daytime Telephone number

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

B. BROCK OCT 1 5 1998

ARTICLES 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 I NAME	rs da
The name of the corporation shall be:	
GYMNAZZA~ INC	
ARTICLE II PRINCIPAL OFFICE	··· • ···
The principal place of business and mailing address of this corporation shall be:	
BRANDON FLORIDA	
P. O. Box 3326 BRANDON, FL 33509	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at any	-P 1
/00	y one time is:
100	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRES	0
The name and Florida street address of the initial registered agent are:	<u>2</u> <u>6</u> <u>9</u>
JACQUELINE M. JACKSON	DIVISION 98 OCT
1504 CITRUS ORCHARD WAY	CT
VALIZICO, FL 33594	15 92F
<u>ARTICLE V</u> INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	PH 12: 4
JACQUELINE M. JACKSON 1504 CITRUS ORCHARD WAY	
VALRICO, FL 33594	S.
() $()$ $()$ $()$ $()$ $()$ $()$ $()$	
Sacqueline M. Jackson 12 OCT 98	
Signature/Incorporator	
Date 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

12 OCT 98 ackson OSignature/Registered Agent فيرد المتغذري Date