100101900 TRANSMITTAL LETTER

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

Proposed corporate name - must include suffix) SUBJECT:

900002701489--4 -12/03/98--01047--011 *****78.75 *****78.75

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

\$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

Name (Printed or typed)

5810-400 North Monno & St, Address

Tuccahassee FC 32303

City, State & Zip

SSD-S14-1729

Daytime Telephone number

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

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.



ART	ICLE	I	NAME
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The name of the corporation shall be:

Autumn Investments, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4693 North Monroe St. Tallahassee, FL. 32303

ARTICLE III SHARES

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

(ONE)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Michael Radeliffe 4693 North Monroe St. Tallahassee, FL 32303

ARTICLE V INCORPORATOR

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

Michael Radeliffe 4693 North Monroe St. Tallahessee, FL 32303

Signature/Incorporator / Registered Agent 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