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TRANSMITTAL LETTER

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

P. O. Box 6327 Tallahassee, FL 32314				
SUBJECT: A	`	orate name - must include suf	ffix)	_
	FEGERAL.	WEDATE 50	00027148 -12/17/98011 ******78.75	# 192-
Enclosed is an original ar	nd one(1) copy of the articl	es of incorporation and a	check for :	I
\$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: F	NAME (INDELLA	Printed or typed)		-
1	4223 GULF BE	Address		9 20
71	PADEIRA BEACH	FL 33708		98 050 1

Daytime Telephone number

The undersigned incorporator, for the purpose of forming Business Corporation Act, hereby adopts the following ARTICLE I NAME	forming a corporation under the Florida wing Articles of Incorporation.		FILED FILED FIGE CORPOR
The name of the corporation shall be: (AUPISI MURPHY 9.SUITH, DNI)	EFFECTIVE DATE 12-10-98	8: 4:5	ATIONS
ARTICLE II PRINCIPAL OFFICE			
The principal place of business and mailing address	of this corporation shall be:		· · · · · · · · · · · ·
1901 EAST OSBURNE A). TAMPA, FL 33610			
The number of shares of stock that this corporation		المنابعات الما	on the second of the second
1000		, at any one mire	, 10.
ARTICLE IV INITIAL REGISTERED	AGENT AND STREET AD	DRESS	
The name and Florida street address of the initial rep HAND MURHY 1901 CAST OSAGNE AS TRUPATE 33610	gistered agent are:		
ARTICLE V INCORPORATOR			
The name and address of the incorporator to these HARCLD MURPHY 1901 GASTOS. ARTCLE VI Effective RATE	Articles of Incorporation are: BURNE ARE TAMPA, FI	33610	
MITCHE DI COSECTIVE KATE	. / 2		
$\mathcal{O}_{\mathcal{A}}$ $\mathcal{A}(\mathcal{A})$			

(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

ARTICLES OF INCORPORATION

Date

Date