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

SUBJECT:	Small Business Information Asso	ciation, Inc.
(Proposed corporate name - must include suffix)		

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Enclosed is an origina	al and one(1) copy of	the article	s of incorporation and	a check for :	<u>-</u>	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Sta	tus	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED		
FROM:	Gary M. Da	mon Name (Pri	nted or typed)		<b>-</b>	. =
	10448 137t		North idress	-		
	Largo, FL		tate & Zip	· · · · · · · · · · · · · · · · · · ·		
	727-595-54		ephone number	<u> </u>		- a.

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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.

### <u>ARTICLE I NAME</u>

The name of the corporation shall be:

Small Business Information Association, Inc.



### ARTICLE II PRINCIPAL OFFICE

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

10448 137th Lane North Largo, FL 33774

### ARTICLE III SHARES

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

1000 (one thousand)

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Gary M. Damon 10448 137th Lane North Largo, FL 33774

#### ARTICLE V INCORPORATOR

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

Gary M. Damon 10448 137th Lane North Largo, FL 33774

<u></u>	M.D		2/1/99
(	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

A M L	2/1/99
Signature/Registered Agent	 Date