P990000/22/5

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

				-02/0 ****	3/3901 *87.50	047008 *****87.50	}
Enclose	ed is an origina	and one(1) copy of the article	s of incorporation and a c	heck for:	1		-
	S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	SEC	00	-
FROM: SCOTT RUDIO Name (Printed or typed) FROM: SCOTT RUDIO Name (Printed or typed)							
		2798 NW	26 th St.		H 2: 29 FSTATE FLORIDA		
		BOCA RATE	0 V , F1 , 33 State & Zip	434			
		1-800-319 Daytime To	elephone number	· · ·			-

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

Scott Ruhn GAVE
AUTHORIZATION BY PHONE TO
CORRECT article III
DATE - 2/8/55
DOC EYAM (319 -

ARTICLES	OF	INCORPO	RATION

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*

The name of the corporation shall be:

PRINCIPAL OFFICE

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

7/00 West Camino Real

ARTICLE III SHARES

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

value

INITIAL RECISTERED AGENT AND STREET ADDRESS

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

Scott Rubin 2798 NW 26th St

<u>ARTICLE</u> V INCORPORATOR BOCA Roton, Fl. 33 434

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

ScoTT Rubin 2798 NW 26th St. BOCA RATON, FI.

ignature/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

Signature/Registered Agent

Date