

70 cc  
Dept. of State

29  
cc and we

Original

TRANSMITTAL LETTER

P99000013503

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

300002768043--5  
-02/08/99-01127-003  
\*\*\*\*\*70.00, \*\*\*\*\*70.00

SUBJECT: \_\_\_\_\_ CHARZ, INC. \_\_\_\_\_

(Proposed corporate name - must include suffix)

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

X 70.00	78.75	122.50	131.25
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FROM: \_\_\_\_\_ CHARLENE M. SYLVESTER \_\_\_\_\_  
Name (printed or typed)  
\_\_\_\_\_  
5539 SILVERSPUR DRIVE \_\_\_\_\_  
Address  
\_\_\_\_\_  
HOLIDAY, FL 34690 \_\_\_\_\_  
City, State & Zip  
\_\_\_\_\_  
(727) 939-1195 \_\_\_\_\_  
Daytime Telephone number

FILED  
99 FEB - 8 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2-11-99  
x

ARTICLES OF INCORPORATION

OF

CHARZ, INC.

The undersigned incorporation (s) , for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

FILED  
99 FEB -8 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

CHARZ, INC.

ARTICLE II PRINCIPAL OFFICE

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

5539 SILVERSPUR DRIVE  
HOLIDAY, FL 34690

ARTICLE III CAPITAL STOCK

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

1000 SHARES NON-PAR

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JAMES H. COLLIER SR.  
4344 SANDDOLLAR COURT  
NEW PORT RICHEY, FL 34652

ARTICLE V INCORPORATOR(S)

The name (s) and street address (s) of the Incorporator (s) to these Articles of Incorporation is (are):

CHARLENE M. SYLVESTER (PRESIDENT)  
5539 SILVERSPUR DRIVE  
HOLIDAY, FL 34690

GERALD R. SYLVESTER  
5539 SILVERSPUR DRIVE  
HOLIDAY, FL 34690

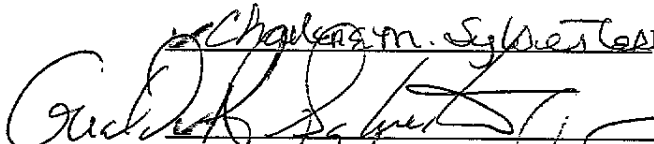
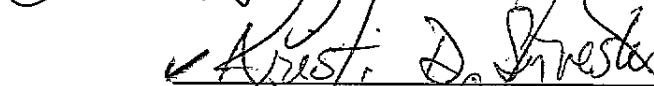

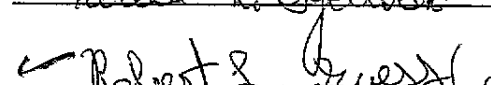
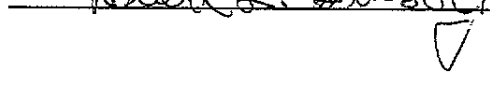
KRISTI D. SYLVESTER  
5539 SILVERSPUR DRIVE  
HOLIDAY, FL 34690

TERESE R. SYLVESTER  
5539 SILVERSPUR DRIVE  
HOLIDAY, FL 34690

ROBERT L. GUESS JR.  
5539 SILVERSPUR DRIVE  
HOLIDAY, FL 34690

The undersigned has (have) executed these Articles of Incorporation this

3RD \_\_\_\_ DAY \_\_\_\_ OF FEBRUARY \_\_\_\_ 1999

 \_\_\_\_\_ Signature/Title  
 \_\_\_\_\_ Signature/Title  
 \_\_\_\_\_ Signature/Title  
 \_\_\_\_\_ Signature/Title  
 \_\_\_\_\_ Signature/Title

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

FILED  
99 FEB - 8 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the corporation is: \_\_\_\_\_

CHARZ, INC.

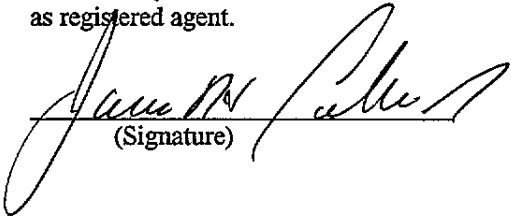
The name and address of the registered agent and office is:

\_\_\_\_\_  
JAMES H. COLLIER SR.  
(Name)

\_\_\_\_\_  
4344 SANDDOLLAR COURT  
(P. O. Box not acceptable)

\_\_\_\_\_  
NEW PORT RICHEY, FL 34652  
(City/State/Zip)

I have been named as registered agent and to accept service of process for the aboved 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)

2-3-99  
(Date)