Department of State **Division of Corporations** 300002782343--1 -02/22/99--01034--007 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75 P.O. Box 6327 Tallahassee, FL 32314 revilo

Enc	losed is an origin  \$70.00 Filing Fee	al and one(1) copy of the article  \$78.75  Filing Fee  & Certificate of Status	\$5 of incorporation and a comparison of the second	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	FROM:	Oliver But Name (Pr	inted or typed)	99FI SECRI TALLA
		Lake Word	Address  LELA 33  State & Zip	TEB 22 AM IO: 39 ALLANY OF STATE ALLASSEE CORIDA  TO THE STATE OF THE
	(5	61) 433-412 Daytime Te	2/ lephone number	39 IDA 
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NOTE: Please provide the original and one copy of the articles.

DATE

B. BROCK FFR 2 3 1999

## ARTICLES OF INCORPORATION

obligations of my position as registered agent

Signature/Registered Agent

The undersigned incorporator, for the purpose of forming  $\alpha$  corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4171 Hooks Rd.

The name of the corporation shall be: Revilo International Corporation

Cake Worth PLA 33467

ARTICLE III SHARES	
The number of shares of stock that this comparation is	•
The number of shares of stock that this corporation is authorized to have outstanding a	t any one time is:
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1,000	
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ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADD	SECRET TASE OF EB
	RESS -
and Fiorida street address of the initial registered agent are:	
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Too trade Rd	SA- M
1 - E Want Cid Bayes	
Toda Griffin 500 Hooks Rd. Lake Worth FLA. 33467	
INCORPORATOR	EFFLORI
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	ラア ω
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Signature/Incorporator /	<del></del>
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(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

Date