P99000024381

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

Desmorie Inc.
SUBJECT: (Proposed corporate name - must include suffix)
Desmarie Inc
500028025351 -03/11/9901076008 *****87.50 ******87.51
Enclosed is an original and one (1) copy of the articles of incorporation and a check
for: \$70.00 \$78.75 \$122.50 \$\frac{1}{5}\$ \$1.25 \$7.5 \$ Filling Fee & Certified Copy & Certified Copy & Certificate Certificate
Additional Copy Required
FROM: Raph D. Brown Name (printed or typed)
10836 Norwood Ave
Port Richey F1 City, State & Zip
813-868-4100
Daytime Telephone number

B' BUOCK MYK I VIAA

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

ARTICLES OF INCORPORATION

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

The name of the corporation shall be: ARTICLE I NAME

The name of the corporation shall be: Desmarie Inc.

ARTICLE II PRINCIPAL OFFICE

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

Ralph Brown 10830 Norwood Ave Port Richey F1 34668

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Ralph D. Brown 10830 Norwood Ave Port Richey F134668

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Ralph D. Brown President Anne M. Brown Vice President 10830 Norwood Ave Port Richey F1 84668

The unc	dersigned incorporator(s) has(have) executed these Articles of Incorporation this
8	_ day of <u>March</u> , 19 <u>99</u> .
,	Lalph D. Brown
	Signature
, •	Signature Signature
	Signature
	o Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the corporation is:	Desmarie INC.	: -
2. The name and address of the reg Ralph 10830 (P.O. F	istered agent and office is: D. BOWN (NAME) (NAME) AVE BOX OF Mail Drop BOX NOT ACCEPTABLE) SULPHY FIGURE AVE 34 34 34 34 34 34 34 34 34 3	FILED
	(CITY/STATE/ZIP)	

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.

Alph Stown 3/8/99 (DATE) (DATE)