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

SUBJECT:	Haile	E Associates	Lie		1961009 ******87.50
		(Proposed corporate na	me - must include	suffix)	
				•	

Enclosed is an origin	nal and one(1) copy of the artic	eles of incorporation and a	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
	110	1001/	~ =

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

Name (Printed or typed)

Address

Add

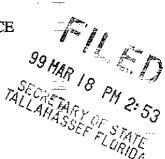
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ARTICLES OF INCORPORATION

(name of corporation) The undersigned acting as the incorporators of a corporation under the Florida Business Corporation the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: ARTICLE II - DURATION . This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK 000 shares of common stock, par value \$ $\overline{1}$ The corporation is authorized to issue ARTICLE V - INITIAL PRINCIPAL OFFICE . The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS CITY FLORIDA Mailing address, if different STREET ADDRESS CITY **FLORIDA** ZIP ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registered office and the name of the initial registered agent at the office is: NAME **ADDRESS** CITY **FLORIDA**

•	ARTICLE VII - INITIAL E	BOARD OF DIRE	ECTORS =	
This corporation shall have _ either increased or diminished from addresses of the initial director(s) of	n time to time by the By-Laws	s, but shall never be	itially. The numle less than one (per of directors may be i). The names and
NAME Wayne	Haile			
ADDRESS 5451 N	W. 4th Ar	enve	æ.	·
CITY Miani		STATE T	orida	ZIP 33127
NAME Larry	Stanley			
ADDRESS 5451 N	.W. 4th Hur	enve		
CITY Mianzi		STATE []	مراطم.	ZP33127
NAME Anita	Robbins	·	<u>-</u> _	- -
ADDRESS 5230	N.W. 21st A	tue. Ap	H. A	
CITY Miam	`	- STATE	10 rida	ZIP 33142
	ARTICLE VIII - IN	CORPORATOR	5	
The names and addresses of the inc	corporators signing these Artic	les of Incorporation	n are as follows:	• !
NAME Anita	Robbins			
ADDRESS 5230	N.W. 218+ A	tuenus.	Ant A	
CITY Miam		STATE C	rida	ZIP 33142
NAME		- · ·	· · · · · · · · · · · · · · · · · · ·	
ADDRESS				
CITY		STATE	=	ZIP
NAME		<u> </u>		
ADDRESS		-		<u>-</u> .
CITY		STATE	<u></u>	ZIP
The undersigned incorporator(s)) have executed these Articl	es of Incorporation	on this $\underline{2}$	7 th
day of February	<u>′</u>	19 <u>99</u> .		
•	a	18.	Ple	(Signature)
		Dayse I	s de	(Signature)
	Ro	em P	lam	(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



Haile & Associates, Inc.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at .	545	1 N. h	J. 4	th Ave	nue		15.
	77	Curi,	FIG	onida	3312	7	
has na	amed	Way	ne	Hai	le		
		\1					

located at the aforesaid address, as its registered agent to accept service of process within this state.

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) 02-27-99 (Date)