Department of State Division of Corporatio P. O. Box 6327 Tallahassee, FL 32314	ons a second	TALLETTER	30002:91 -03/22/93 *****78.	i 31 3 01080 75 ***	;- 4 £ }813 :**78.75	
SUBJECT:		ASLIN GROUP, INC.	ix)	· · · · · · · · · · · · · · · · · · ·	· =	÷
Enclosed is an original \$70.00 Filing Fee	l and one(1) copy of the articles \$78.75 Filing Fee & Certificate of Status	s of incorporation and a \$\frac{\text{\text{\text{\text{\text{\text{2}}}}}}\$78.75}\$ Filing Fee \$\text{\text{\text{Certified Copy}}\$	check for: \$87.50 Filing Fee, Certified Co & Certificat Status			
FROM:		ADDITIONAL CO	PY REQUIRI	ED	سد د	·-
	Name (Printed or typed) 204 NORTH 12 TH STREET Address				- - - * * * =	-
	TAMPA. FLORIDA 33602 City, State & Zip 813-221-1042 Daytime Telephone number		TALLAHASSEE FLÖ	99 MAR 22 AM 9:		
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NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION

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:

THE MECASLIN GROUP, INC.

PRINCIPAL OFFICE

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

204 NORTH 12TH STREET TAMPA, FLORIDA 33602

ARTICLE III SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

L. M. MESHEKOFF 204 NORTH 12TH STREET TAMPA, FLORIDA 33602

INCORPORATOR

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

L. M. MESHEKOFF 204 NORTH 12TH STREET TAMPA, FLORIDA 33602

(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