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TRANSMITTAL LETTER

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-04/05/99--01087--019

*****70.00 *****70.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

SUBJECT:____CURB CREATIONS OF CENTRAL FLORIDA, INC.____

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF
INCORPORATION AND OUR CHECK FOR \$__70.00__

FROM; NAME____TIMOTHY J. KAUFFMAN____
ADDRESS____P.O. BOX 2698____
CITY____BELLEVIEW____
STATE____FLORIDA, 34421____
TELEPHONE____352-351-8221____

FILED
99 APR -5 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BROCK APR 12 1999

FILED
99 APR -5 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF

____CURB CREATIONS OF CENTRAL FLORIDA, INC.____

ARTICLE I--NAME

THE NAME OF THIS CORPORATION SHALL BE_____

____CURB CREATIONS OF CENTRAL FLORIDA, INC.____

ARTICLE II--PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS
CORPORATION SHALL BE_____

____720 S.E. 8TH. STREET_____

____OCALA, FL. 34471_____

ARTICLE III--CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO
HAVE OUTSTANDING AT ANY ONE TIME IS_____

____60, NO PAR_____

ARTICLE IV--REGISTERED AGENT

THE NAME AND ADDRESS OF THE REGISTERED AGENT IS_____

____DANIEL R. KAUFFMAN_____

____720 S.E. 8TH. STREET_____

____OCALA, FL. 34471_____

ARTICLE V-INCORPORATORS

THE NAME(S) AND STREET ADDRESS OF THE INCORPORATOR(S) TO
THESE ARTICLES OF INCORPORATION IS (ARE):

TIMOTHY J. KAUFFMAN
720 S.E. 8TH. STREET
OCALA, FL. 34471

DANIEL R. KAUFFMAN
720 S.E. 8TH. STREET
OCALA, FL. 34471

THE UNDERSIGNED INCORPORATOR(S) HAS(HAVE) EXCUTED THESE
ARTICLES OF INCORPORATION THIS 29TH DAY OF
MARCH 1999

SIGNATURE

Timothy J. Kauffman

SIGNATURE

Daniel R. Kauffman

SIGNATURE

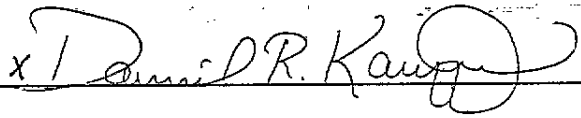
FILED
99 APR -5 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATION OF DESIGNATION-REGISTERED AGENT/REGISTERED
OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 717.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNING THE REGISTERED AGENT/REGISTERED OFFICE
IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS _____
CURB CREATIONS OF CENTRAL FLORIDA, INC. _____
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT IS
NAME _____ DANIEL R. KAUFFMAN _____
ADDRESS _____ 720 S.E. 8TH. STREET _____
CITY/STATE _____ OCALA, FL. 34471 _____

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE
OF PROCESS FOR THE ABOVE STATED CORORATION 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 x 

DATE _____