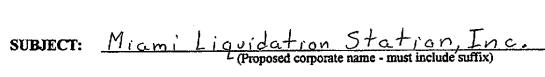
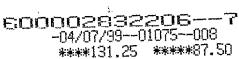
Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314





Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75

Filing Fee

& Certificate

\$122.50

Filing Fee & Certified Copy \$131.25

Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: William E Manning Name (Printed or typed)		
6555 N.M. 36 T4 St. Suite * 103		
Virgina Gardens FL. 33166 City, State & Zip		
305-870-0395/96 Daytime Telephone number	:	:
Fax: 305-870-0397	NPR 1	2 1999
SHARON	, hr , ,	

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.

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NAME

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obligations of my position as registered agent.

Signature | Registered Agent Wandy 78 Line. Date: 03123199

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this statement. Thereby accept the appointment as registered agent and agree to act in this capacity. Ifurther agree to comply with the provisions of all stabutes relating to the proper and complete performance of my duties, and Lam familiar with and accept the