TRANSMITTAL LETTER

P99000036894

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

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SUBJECT:	Florida	Teilogy (1004) (Proposed corporate na	In corporated me-must include sluffix)
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S78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status		
Name (Pr	inted or typed) HuiEW De	LLAHASSEE, FLO	· - ''	FILED
(407) 889.230	State & Zip O / (/0) - 7(<u>11-9</u> 827	06	-
	S78.75 Filing Fee & Certificate of Status Shanney Jankor Name (Pr. 710 Brigh Apopka, Fl. City, (407) 889.230	S78.75 Filing Fee & Certified Copy ADDITIONAL COP Shannon Jankowski Name (Printed or typed)	Filing Fee & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Status ADDITIONAL COPY REQUIRED Name (Printed or typed) 710 BRIGHTIEW DR. Address Apopka, H. 32712 City, State & Zip (407) 889-2300 / (107 - 741-9827)	Piling Fee & Certificate of Status S87.50

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:		
Florida Trilogy Lroup Incorporated	1	
ARTICLE II PRINCIPAL OFFICE		
The principal place of business and mailing address of this corporation shall be:		
710 Brighten De. / P.O.Box 497		
710 Brightview De. / P.O.Box 497 Opopka, F. / Apopka, Fl. 32704-0497		
ARTICLE III SHARES		
The number of shares of stock that this corporation is authorized to have outstanding at any one	time is:	
. 100		
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS		
The name and Florida street address of the initial registered exert grave	,	
inc 17th AVE. Shannon	iank	ω_0
The name and Florida street address of the initial registered agent are: Shannon Coefe, Fl. 34761		
ARTICLE V INCORPORATOR		
The name and address of the incorporator to these Articles of Incorporation are: Shannon Jankousk		
SHANNON JANKOWSK		
P.O. Box 497		
APOPKS, FI. 32704-0497	₹	
,	FC	96
Mannon Gaberst 4/16/99	22	52
Signature/Incorporator Date	CRETARY OF STATE	99 APR 20 PM 4: 06
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	1	<u> </u>
(An additional article must be added if an effective date is requested.)	SE	£:
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Having been named as varietared agast and to security and to security	-	
Having been named as registered agent and to accept service of process for the above stated corporation at the pi certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree		- 7 .7
provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar obligations of my pasition as recistared agent	with and a	ccept the

Signature/Régistered Agent

Date