

TRANSMITTAL LETTER

P99000044013

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

200002869092--1
-05/10/99-01075-013
*****78.75 *****78.75

SUBJECT: WEST COAST PROFESSIONALS Inc
(Proposed corporate name - must include suffix)

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 of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CLINTON T. Nix
Name (Printed or typed)
7231 RADIO Rd. Suite 163
Address
NAPLES, FL 34104
City, State & Zip
941-596-8490
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAY 10 AM 9:12

FILED

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

T. SMITH MAY 14 1999

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: WEST COAST PROFESSIONALS INC

ARTICLE II PRINCIPAL OFFICE

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

7231 RADIO RD SUITE 163
NAPLES, FL 34104

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

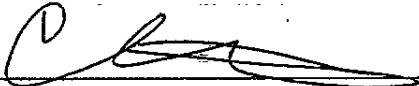
The name and Florida street address of the initial registered agent are: CLINTON T. NIX

7231 RADIO ROAD
NAPLES FL 34104

ARTICLE V INCORPORATOR

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

CLINTON T. NIX
7231 RADIO Rd SUITE 163
NAPLES, FL 34104



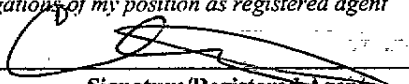
Signature/Incorporator

5/7/99

Date

(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

5/7/99

Date

99 MAY 10 AM 9:12
SECRETARY OF STATE
ALLAHASSE, FLORIDA

FILED