## 7000048166

Department of State Divisi P. 0 Ta!

P. O. Box 6327 Tallahassee, FL 32314				
SUBJECT: NA	LINE'S OS KO	Mean Inc.	fix)	- W
			800002884 -05/24/990 *****70.00	-5784 01142003 *****70.00
Enclosed is an original a	and one(1) copy of the article	les 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 CO	PY REQUIRED	- 
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	•	DATE	0/8	

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

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

NALINE'S 09 Killearn, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2711F KILLEARNEY WAY TAHAIL ASSEE, FL 32308 SECRETARION OF STATE

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 address of the initial registered agent is:

NALINE GAIRNS 3711 SHAMROCK W L156 TAHAHASSEE, FL 32308

## NALINE GAIRNS 37N = 1. (17) # 8. (1 SHAMROCK W LIST TAMAHASSEE, FL32308 The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 15th day of May , 1999. (An additional article must be added if an effective date is requested.)

INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Notarization is not required

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the corporation is NAdINE'S Of Kills	ern, Inc.
	TALL SEE
2. The name and address of the registered agent and office is:	AHAS
NAGINE GAIRNS (NAME)	SEE FLO
QP. O. Box or Mail Drop Box NOT ACCEPTABLE)	RIDA RIDA
TAMPUNESCO II 3000	

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.

Maline Calvine 05-15-99 (SIGNATURE) (DATE)