TRANSMITTAL LETTER

0000 50548 Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 323 (Proposed corporate name - must include suffix) *****87.50 cccu Enclosed is an original and one(1) copy of the articles of incorporation and a check for: **×** \$87.50 \$70.00 \$78.75 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Name (Printed or typed)

F. CHESSER JUN 4 1999

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

Daytime Telephone number

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	and the second of the second o
The name of the corporation shall be:	1A1
THE SAPP COMPANY	LL ARE
	AHAR
ARTICLE II PRINCIPAL OFFICE	SER -
The principal place of business and mailing addre	ss of this corporation shall be:
3402 KENT DRIVE	53 5
NAPLES, FLORIDA 34112	STATE LORIDA
IGA LEDT LOCION STILL	₩, <u>∞</u>
ARTICLE III SHARES	
The number of shares of stock that this corporation	n 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	
31000 KENT DEWE	
LIAPIES H MIDA 34112	MICHELE DAENZER-SAPP
	THENCE DALKED OVE
ARTICLE V INCORPORATOR	as Artislas of Incompanion area
The <u>name and address</u> of the incorporator to the	se Articles of incorporation are.
3602 KENT DEWE	email to much to some
NAPLES, FLORIDA 34112	MICHELE DAENZER-SAPP
1 Acold Changer Am	5.26.99
NUCLULA NUNZULEARY	
Signature/Incorporator	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
	ent and agree to act in this capacity. I further agree to comply with
the provisions of all statutes relating to the proper and complete	e performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	
obligations of my position as registered agent	5.2h.09

Signature/Registered Agent

Date