TRANSMITTAL LETTER V9900054799

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

SUBJECT:	L. GAYLE THOM (Proposed corpo)	ARSON, IN	(C)	
Enclosed is an origin	nal and one(1) copy of the article	6	00002906 -06/16/990 *****87.50	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$ of incorporation and a \$\times \frac{1}{2}\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Name (Ri P.O. BOX 300 And Noodville F/ City, S	inted or typed) Solution of typed) Address Ad	SECRETARY OF SIATE JALLAHASSEE, FLORIDA TOLLAHOSSEE, FLORIDA TOLLAHOSSEE, FLORIDA	APPROVED APPROVED RECEIVED 99 JUN 16 PM 2: 28 99 JUN 16 PM 2: 28
				D 2: 23

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.

The name of the corporation shall b	L, GAYLE TI	HOMPSON, I	TALLAHA	99 JUN 16
ARTICLE II PRINCIPAL The principal place of business and 9149 BEARINGTON P.O. BOX 306 F1 3 Woodville, F1 3	mailing address of this c $\mathcal{D}\mathcal{R}$	orporation shall be:	ARY OF STATE SSEE, PLORIDA	FILED 16 PM 2: 28
ARTICLE III SHARES				
The number of shares of stock that t	his corporation is author	ized to have outstandi	ing at any one time	is:
100			•	
L. Gayle Thompson 9,49 Beavington T Woodville, F1 32 ARTICLE V INCORPORA)r. 362 TOR	gent are:	ADDRESS	
The <u>name and address</u> of the incorp	orator to these Articles	of Incorporation are:		
L. Gayle Thompson 9149 Bearington D. P.O. BOX 306 Woodville, F1 3236	v r			
1.0. DOX 30 6 Woodville, F1 3236	52			
Mayle Shompy	102	6-10	6-99	<u> </u>
/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 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

6-16-99 Date