

TRANSMITTAL LETTER

P99000054898

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

200002906632--9
-06/16/99--01068--014
*****87.50 *****87.50

SUBJECT: FUNEASE, 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: HELAIANE RAYMAN
Name (Printed or typed)

7242 BURGESS DR.
Address

LAKE WORTH, FL 33467
City, State & Zip

561-301-7248
Daytime Telephone number

FILED
99 JUN 16 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ajc
6/16

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:

FUNEASE, INC.

ARTICLE II PRINCIPAL OFFICE

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

292 S. COUNTY RD., SUITE 133
PALM BEACH, FL. 33480

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 agent are:

HELAINE RAYMAN
7242 BURGESS DR.
LAKE WORTH, FL 33467

ARTICLE V INCORPORATOR

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

HELAINE RAYMAN
7242 BURGESS DR.
LAKE WORTH, FL 33467



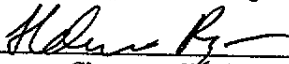
Signature/Incorporator

6/15/99

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

6/15/99

Date

99 JUN 16 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED