

P99000056109

TRANSMITTAL LETTER

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

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-06/18/99--01077--018
*****87.50 *****87.50

SUBJECT: Ft. Myers Introduction Management Co.
(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: _____
NATHAN MOLDOVSKY
Name (Printed or typed)

14861 LAGUNA DR.
Address

Ft. Myers Fl. 33908
City, State & Zip

941-481-1800
Daytime Telephone number

FILED
99 JUN 18 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

TS
6/21/99

ARTICLE 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:

FT. MYERS INTRODUCTION MANAGEMENT CO.

ARTICLE II PRINCIPAL OFFICE

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

14861 LAGUNA DRIVE FT. MYERS FL. 33908

ARTICLE III SHARES

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

10,000 Shares of \$0.10 par value common stock, which shall be designated common shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

NATHAN MOLDOVSKY
14861 LAGUNA DR.
FT. MYERS, FL 33908

ARTICLE V INCORPORATOR

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

NATHAN MOLDOVSKY
14861 LAGUNA DR.
FT. MYERS, FL 33908

Signature Incorporator

DATE 6/17/99

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

DATE 6/17/99

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA