TRANSMITTAL LETTER

P99000060709

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

800002920885--3 -07/01/99--01064--004 *****78.75 *****78.75

SUBJECT:	OPTION'S NIGHT	Life		
Enclosed is an origin	(Proposed corpor al and one(1) copy of the articles	ate name - must include su	ALLAHASSEE, H	99 JUL -1 PM 2: 17
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Alan RANKIN Name (Pr	inted or typed)		
6237 Arlington Expressiony Address				
	JACKSONUILLE, FI	, 322// State & Zip		- <u>-</u>
	(904) 617 Daytime Te	2-0024	····	_ = =

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

F. OHESSER

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JUL

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:

Oftion's Night Life I've

ARTICLE II PRINCIPAL OFFICE

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

G237 AllingTon Expressionay JACKSONVIlle, FL. 32211

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Alan RANKIN

6237 ArlingTON EXPRISIONAY

JACKSONVIlle, FL. 37211

ARTICLE V INCORPORATOR

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

Alan RAHKIN

6237 ArlingTon Expressiony

JACKSONUMIE, FL. 32211

Signature/Incorporator

6-30.95

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

C. 30-22

Date