

TRANSMITTAL LETTER

P99000062230

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

SUBJECT: NANCY S. LESLIE INC.
(Proposed corporate name - must include suffix)

800002923708--0
-07/06/99--01102--013
*****78.75 *****78.75

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

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: NANCY S. LESLIE
Name (Printed of typed)

3618 EXECUTIVE DR.
Address

Palm Harbor, Fl. 34685.
City, State & Zip

727-799-0212
Daytime Telephone number

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

FILED
99 JUL -6 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TS 7/13/99

ARTICLES OF INCORPORATION

- 1. The name of the corporation shall be: NANCY S. LESLIE INC.
- 2. The principal place of business and mailing address of the corporation is: 3618 EXECUTIVE DR., PALM HARBOR FLORIDA, 34685.
- 3. The corporation shall have the authority to issue 1,000 shares of stock.
- 4. The registered agent of the corporation is NANCY S. LESLIE and the registered street address is 3618 EXECUTIVE DR. PALM HARBOR, Florida 34685.
- 5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: NANCY S. LESLIE
3618 EXECUTIVE DRIVE
PALM HARBOR, FLORIDA 34685

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

- 6. The incorporator of this corporation is NANCY S. LESLIE whose street address is 3618 EXECUTIVE DR. PALM HARBOR FL. 34685

Dated 7-2-99

Nancy S. Leslie
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 7-2-99

Nancy S. Leslie
Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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