NSM CTAL DETER LD 239

Department of State Division of Corporations

P. O. Box 6327				
Tallahassee, FL	32314		600002940; -07/23/990 ******	1ก71กกว
SUBJECT: _		CENDING orporate name - must include		******78.75 _
Enclosed is an o	riginal and one(1) copy of the art	icles of incorporation and	d a check for:	

■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

	<u> </u>		
FROM: _	NADYA S. WINGES Name (Printed or typed)		
	MY80 NW 29TH STREET Address	Ē	
	MANGIATE, FLOKIDA 33063		10
	954-857-345-7257	SECRETA ALLAHA!	99. JUL
	Daytime Telephone number	~~~	(~)

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

JUL 2 9 1999 K. Roife

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.

(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

Date