P990006738

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

SUBJECT:		ZINE INC rate name - must include suffi		7085 1024001 *****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 of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED					
FROM:	Orlando Fa City, 5 (407) 532-4	ANFORT inted or typed) United Pkwy Iddress 3280 (State & Zip I 777 Elephone number	SECRETARY OF STATE TALLAHASSEE, FLORIDA	APPHOVED FILED 99 JUL 29 AM 9: 38				

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

9/2/89



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:	MERT :	DEESINE	INC.	APP 59 JUL 2 SECHET
ARTICLE II PRINCIPAL OF The principal place of business and management of the principal place of the pl	ailing address of			SEE, FLORIDA
ARTICLE III SHARES The number of shares of stock that this	s corporation is a	uthorized to have ou	tstanding at any or	ne time is:
ARTICLE IV INITIAL REG. The name and Florida street address of MERCIER SMITH	Cat	SENT AND STREE tered agent are: 1. Pine Hill		
ARTICLE V INCORPORATE The name and address of the incorporate ACNES SANFOR 1105 N. PINE HILLS	rator to these Ar	ticles of Incorporation	on are:	
My es Signature/Incorporator			7 /2 9 /9 Date	<u>9</u>

(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 if my position as registered agent

Signature/Registered Agent

Date