

79900070530

TRANSMITTAL LETTER

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

SUBJECT: LONE TREE ENTERPRISES, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

Q \$70.00	O \$78.75	O \$122.50	O \$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED	

FROM: Jeffrey Sherman
810 63rd Avenue N.
St. Petersburg, FL 33702
(727) 520-8888

100002947621--4
-08/02/99--01108--011
*****70.00 *****70.00

NOTE: Please provide the original and one copy of the ARTICLES OF INCORPORATION

FILED
99 AUG -2 PM 6:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Rolf AUG 09 1999

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: Lone Tree Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: address.
6351 62nd Avenue N., St. Petersburg, Fl.

ARTICLE III SHARES

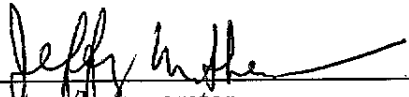
The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One thousand at \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and Florida street address of the initial registered agent are: Jeffrey Mark Sherman,
810 63rd Avenue N., St. Petersburg, FL 33702

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Jeffrey Mark Sherman, 810 63rd Avenue N., St. Petersburg, FL 33702

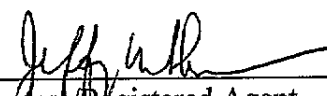


Signature/Incorporator

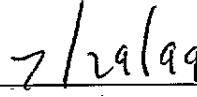


Date

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 provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations the obligations of my position as registered agent



Signature/Registered Agent



Date

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