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

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SUBJECT: Vi	king Acquisition Group Hernando, Inc.	
	(PROPOSED CORPORATE NAME - MUST INCLUDE	SUFFIX)
Enclosed is an ori	ginal and one (1) copy of the articles of inco	orporation and a check for:
X \$70.00	\$78.75	
Filing Fee	Filing Fee &	_ · · · · · ·
	Certificate of Status	
ADDITIONAL O	OPY REQUIRED	
\$78.75	\$87.50	TAIL SE
Filing Fee & Certified Copy	Filing Fee, Certified	SEC 9
	Copy & Certificate	LOG AL
	of Status	ASS.
		PH 1: 04 PH 1: 04 PH 1: 04
FROM:	Louanne S. Love	
	NAME	1: 04 STATE STATE
	20050 II G II 1027 Ā 1 225	Þ
	28050 U.S. Hwy 19 N., Suite 205 ADDRESS	
	Clearwater, Florida 33761	
	CITY, STATE & ZIP	
	<u>(727) 723-2872</u>	
	DAYTIME TELEPHONE NUMBER	

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

Obs.

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: Viking Acquisition Group Hernando, Inc.

ARTICLE II: PRINCIPAL OFFICE

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

28050 U.S. Hwy 19 N., Suite 205, Clearwater, Florida 33761



ARTICLE III: SHARES

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

100

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Louanne S. Love, 28050 U.S. Hwy 19 N., Suite 205, Clearwater, Florida 33761

ARTICLE V: **INCORPORATOR**

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Louanne S. Love, 28050 U.S. Hwy 19 N., Suite 205, Clearwater, Florida 33761

(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.

Hemando/Indocs