## CORPORATE/0000 76/8/

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

INC.

~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

## **WALK IN**

PICK UP 8/26/99/1:00 10

CERTIFIED COPY	cus				
<b>РНОТО СОРУ</b>		Artic	les		
1.) Vila RASI SUVIUS INC. (CORPORATE NAME & DOCUMENT#)	-	50000 -08	J2970 V26/94-1	555 11008-	5—— <b>(</b> )
2.)(CORPORATE NAME & DOCUMENT #)		**	***70.00	***	*70.00
(CORPORATE NAME & DOCUMENT #)				<del></del> -	
(CORPORATE NAME & DOCUMENT #)			SECRE TALLAH	99 AUG	
CORPORATE NAME & DOCUMENT #)  SPECIAL INSTRUCTIONS			ASSEE, FLORIDA	76 AN 9: E9	

"When you need ACCESS to the world"
CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

J2499

## 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:	
VILLA ROSE SERVICES INC.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	
2044 9 +C BIVD	
NAPIES FL 34109	
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time	is:
1000	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	_
The name and Florida street address of the initial registered agent are:	
ROSE MARIE, C.HADSKI	
ROSE MORIE CHAPSKI 2510 SW 35th LANE	

4 5 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CANE	COHAL	FL.	339/	4	
ARTICLE V	INCO.	<u>RPORATOR</u>			•	
The name and	address of	the incomparat	orta thaca	Autiolog	of Transmission	

ROSEMANIE CHAPSKI 2510 S.W. 35th LANE CAPE CONAL FL 33914 ROSEMANIE CHAPSKI 8-24.

8-24-99 Pate Print 2

(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

Signature/Incorporator

8.24.99

Date