TRANSMITTAL LETTER

P99000080958

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

SUBJECT:	DEVELOPERS 2	000, INC		
	(Proposed corpo	rate name - must include suff	fix) 500002979855- -03/07/9901111 ******78.75 ******	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	\$\square\$ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO		
FROM: GAIL ALEXIS HENRIKSON Name (Printed or typed)				
303 CORTEZ STREET				
NEW SMYRNA BEACH, FL 32169 City, State & Zip				
(904) 424 – 8482 Daytime Telephone number				
N	OTE: Please provide the ori	ginal and one copy of t	FILED 99 SEP -7 PM 3. 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA the articles articles with the service of t	

TS9/13/99

The name of the corporation shall be: DEVELOPERS 2000, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall also a corporation shall be shal	all be:
The principal place of business and mailing address of this corporation sha 303 CORTEZ STREET NEW SMYRNA BEACH, FL 32169 ARTICLE III SHARES	all be:
The number of shares of stock that this corporation is authorized to have on the same of the shares of shares of stock that this corporation is authorized to have on the same of the same	outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET The name and Florida street address of the initial registered agent are: GAIL ALEXIS HENRIKSON 303 CORTEZ STREET NEW SMYRNA BEACH, FL 32169 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporat GAIL ALEXIS HENRIKSON 303 CORTEZ STREET NEW SMYRNA BEACH, FL 32169 GAMO NORWANA BEACH, FL 32169	99 SE SECRET TALLAIII

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	•				
GAHLEDELKSON	9/3/99				
OFFICIOLICATION	915179				
Signature/Registered Agent	Date				