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TRANSMITTAL LETTER 1999 SEP -9 PM 2: 14

PAGE 157 SECRETARY OF STATE ALLAHASSEE, FLORIDA

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

> 90002982139--5 -09/09/99--01031--008 ****157.50 *****78.75

30BJEC1:	on & Assc. I	name - must iñclude suffix)		
Enclosed is an original for: \$70.00 Filing Fee	and one (1) co X \$78.75 Filing Fee & Certificate	\$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy & Certificate Additional Copy Required		
FROM:	Robert lyons Name (printed or typed) 8635 Leighton Dr. Address Tampa, Florida 33614 City, State & Zip 1-813-931-3068			
Daytime Telephone number				

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FILED
1999 SEP -9 PM 2: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 = I	AME

The name of the corporation shall be:

Genderson & Assc. Inc.

ARTICLE II PRINCIPAL OFFICE

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

14017 Wolcott Dr. Tampa, Florida 33624

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

50 shares of common stock @ \$10.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Robert Lyons 8635 Leighton Dr. Tampa. Florida 33614

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Stephen Genderson 14017 Wolcott Dr. Tampa, Florida 33624

Signature/Incorporator

-7-27-99

Date

(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

7-27-89

Date