## P9900008663

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

100002997691--6 -09/27/99--01105--001 \*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:	Peggy's Pages	Inc. ate name - must include suf	fix)	· · · · · · · · · · · · · · · · · ·	
Enclosed is an origin  \$70.00  Filing Fee	al and one(1) copy of the article  \$78.75  Filing Fee  & Certificate of Status	s of incorporation and a  □\$78.75  Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM	Name (Pr	_ewiS inted or typed)			
19006 Bob-O-Link Drive Address					
	(30\$)829-0°	State & Zip	SECRE WAY OF STATE AND	MANUAL MA	

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

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## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florid	la
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

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The name of the corporation shall be:

Peggy's Pages, Inc.

ARTICLE II PRINCIPAL OFFICE

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

19006 Bob-O-Link Drive miami FL 33015

ARTICLE III SHARES

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

100 Shores

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Margaret E. Lewis 19006 Bob Dlink Drive Mignor PL 33015 MINCORPORATOR

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

margaret E. Lewis 19000 Bob-O-Unk Drive miami, FL, 33015

margarest & Lewis Signature/Incorporator

(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

Manual d'Auns
Signature/Registered Agent