TRANSMITTAL LETTER Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Dean's Team, Inc. (Proposed corporate name - must include suffix) SUBJECT: 300003047033 11/17/99--01049--003 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$122.50 \$131.25 \$70.00 \$78.75 Filing Fee Filing Fee, Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED Dean Charrier Name (Printed or typed) FROM: 12933 Love River Blad. Orlando, FL 32828 City, State & Zip

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

(407) 34/- 1707

Daytime Telephone number

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.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I	NAI	<u>Æ</u>	
The name of the	corporat	ion shall	be:
	Dean's		

ARTICLE II	PRINCIPAL OFFICE
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The principal place of business and mailing address of this corporation shall be:

Dean's Team, Inc. 12933 Lower River Blud. Orlando, FC 32828 III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Tenthousand (10,000)

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dean Charrier 12 933 Lover River Blud Orlando, FL 32828

INCORPORATOR

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

Dear Charier Blud 12933 Lover River Blud Orlando, FC 32828

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

Date