POPULIO 104903

99 DEC -1 PM 12: 23

JEONETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:	Another Dimension, Inc.
	(proposed corporate name)
Enclosed pleas above corporal	e find an original and one (1) copy of the articles of incorporation for the ion and check in the amount of $\frac{78.75}{}$.
FROM:	_Michael Balestireri
	Name 4148 U.S. Hwy 19 North Address
	New Port Richey, Fl., 34652 City, State, & Zip
	(727) 847-7551 Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

PH 12/3/35

ARTICLES OF INCORPORATION

OF

FILED

99 DEC -1 PM 12: 23

SECKET ARY OF STATE
TALLAHASSEE, FLORIDA

Another Dimension, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Another Dimension, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4148 U.S. Hwy 19 North New Port Richey, Fl., 34652

ARTICLE III CAPITAL STOCK

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

500 shares @ \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Michael Balestireri 4148 U.S. Hwy 19 North New Port Richey, Fl., 34652

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Michael Balestireri 4148 U.S. Hwy 19 North New Port Richey, Fl., 34652

The undersigned has(have) executed these Articles of Incorporation this				ı this	
26th	day of _	November		, 19 <u>99</u> .	
		*MG	1) //Ju Signature	/Title	President
			Signature	/Title	
			Signature	/Title	

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the tate of Florida, submits the following statement integrating the registered office/registered agent, in the state of Florida, TALLAHASSEE, FLORIDA

Th	e name and address of the req	gistered agent and office is:
	Michael Balestireri	ASS.
	(NA	ME)
	4148 U.S. Hwy North	
	(P.O. BOX <u>N</u> (OT ACCEPTABLE)
	New Port Richey, Fl., 346	552
	(CITY/	/STATE/ZIP)
		SIGNATURE & WHOM BULLE
		(corporate officer)
		TITLE President

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.

DATE NOV 25. 1999

REGISTERED AGENT FILING FEE: \$35.00