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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 APPHOVED
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99 DEC -7 PM 2: 5:
-SECRETARY OF STATE

SUBJECT: SPHYRNA, INC

(Proposed corporate name - must include suffix)

200003063542--7 -12/07/99--01091--002 *****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for	
□ \$70.00 □ \$78.75 □\$78.75 □\$87	7 50

Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified C

Certified Copy Certified Copy & Certificate of

& Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: A.ELIZA HADJUCEK
Name (Printed or typed)

3539 APALACHEE PKWY, STE. 159

TALLAHASSEE, FL, 32312

850 709 - 1054
Daytime Telephone number

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

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

The name of the corporation shall be:

SPHYRNA, INC.,

ARTICLE II PRINCIPAL OFFICE

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

APALACHEE PKW; STE. TALLAHASSEE FLORIDA

ARTICLE III SHARES

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

100,000 (ONE HUNDRED THOUSAND

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

HAJDUCEK 3539 APALACHEE PKWY, SUITE TALLAHASSEE, PLORIDA, 32311

INCORPORATOR

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

A. ELIZA HAJDUCEK

APALACHEE PKWY, STE

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

Signature/Registered Agent