POGNSITALET BOSS 7

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

000003068190--2 -12/13/89--01120--005 ******70.00

SUBJECT: MERMAIDS MANAGEMENT, INC.

(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$ 70,00 ...

FROM:

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

ARTICLES OF INCORPORATION

SECHETARY OF STATE

OF

MEAMAIDS MAHAGENEAT, 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:

MERMAIDS MANAGEREAT, INC.

ARTICLE II PRINCIPAL OFFICE

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

7481 NW 48 COURT LAUDENHILL, FL 33319

ARTICLE III SHARES

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

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PIERRE BOILLON

7481 NA 48 COUNT

LOUDENHILL FL 33319

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of	Incorpora-	
tion is(are): PIEARE BOILLON		
tion is(are): PIENKE BOILLON 7481 NU 48 COUNT		
LOUDENHILL FL 33319		
eria. Entre	·	-
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ARTICLE VI OFFICERS AND DIRECTORS		:
The names of the directors and officer's are as follows:		
PIENAE BOILLON		
7481 NU 48 COURT.		-
LAUDENHILL, FL 33319		
The undersigned incorporator(s) has(have) executed these Articles of Incorpor	ration this	
8 day of DECEMBEA , 19 95.		
Bos		
Signature	•	
Signature	<u></u>	

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: MEAMAIDS MAANBEREIZ, IA C.	
	•	
	75. 90	-12
2.	The name and address of the registered agent and office is:	
	PIEARE BOILLON	
	(Name)	}
	748/ NW 48 COUIT	
	(P.O. Box not acceptable)	
	LAUDENHILL, FL 33319	
	(City/State/Zip)	

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)