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

Byrd & Gantt CPA's, P.A.

SUBJECT:			*	 1. 5.5
		ate name - must include suff	300050 -12/20/3 *****7(9901081010
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	-
	William Sch	nacht		
FROM	Name (P)	Name (Printed or typed) 3501 W. Vine Street, Suite 269		FILE 99 DEC 20
	Kissimmer, FL 34741 City, State & Zip			STATE OF STA
	Daytime Telephone number			1

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



ARTICLES OF INCORPORATION (FLORIDA)

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 - Name

The name of the corporation shall be: Byrd & Gantt CPA's, P. .

ARTICLE II - Principle Office

The principal place of business and mailing address of this corporation shall be: 3501 W. Vine Street, Suite 275, Kissimmee, Florida 34741

ARTICLE III - Shares

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

ARTICLE IV - Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent is: Regina Byrd, 3501 W. Vine Street, Suite 277, Kissimmee, Florida 34741.

ARTICLE V - Incorporator

The name and address of the incorporator to these Articles of Incorporation are: Regina Byrd, 3501 W. Vine Street, Suite 277, Kissimmee, Florida 34741.

ARTICLE VI -- SPECIFIC PURPOSE

The practice of public accounting and any related activities.

Signature of Incorporator Date

Having 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 of Registered Agent

12/15/99 Date