## TRANSMITTAL LETTER Department of State TRANSMITTAL LETTER

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

SUBJECT:		By J dry The porate name - must include s	/C	
	•		9000nan:	SI111114-130011
Enclosed is an origin	al and one(1) copy of the artic	les 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, Status	99 DEC
FROM:	Fave Pr	ic Kett	SSEE,	
	Name (1  } 35 S£	Printed or typed)	FLORIDA	PMI2: 20
-	Cape Cong Citý,		790 - 100 -	99 DEC 28
tore 1-1-2	Daytime To	elephone number	SCORE	ECEIVED DEC 28 PM 12: 16

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

Opron

## **ARTICLES OF INCORPORATION**

1-1-2000

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:	700	• • •
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OCI -Build	に アル	IID.
. /4:10:	M + M ·································	血
ARTICLE II PRINCIPAL OFFICE	corporation shall be:	U
The principal place of business and mailing address of this co	corporation shall be:	" .
	¥ /	
1335 S.E. 12	errace	-
Case Coral,	Fla. 33990	.3
ARTICLE III SHARES	35/10	
The number of shares of stock that this corporation is author	ized to have outstanding at any one time is:	F-
	more than our danger and the time is.	
100		
100	· · · · · · · · ·	
ARTICLE IV INITIAL REGISTERED AGENT	AND STREET ADDRESS	
The name and Florida street address of the initial registered a	agent are:	·
5 1.44		
tage trickett		11.4
1335 34 12 1	211002	=
faye Prichett 1335 SE 12th TA  ARTICLE V INCORPORATOR Cape Comb., FI	la. 33990	
The manus and address City	au .	
Robert Harris 1335 SE 12th Cerroce Care Coral, Fth.	ox moorpolation are.	
Kobert Harris		
133x 66 12th Terroce		
Care loral ft.		
	33990	
Kolina Ka	10/00/00	
Signature/Incorporator		
Dignature ment poi ator	/ Date	
(An additional article must be added if	fan affactive data is assessed 1)	
(1 m auditional article must be acted in	an effective date is requested.)	
Having been named as registered agent and to accept service of process	for the above stated cornaration at the place designated in this	
eruficale, I nereby accept the appointment as registered agent and agr	ree to act in this canacity. I forther caree to comply with the	
provisions of all statutes relating to the proper and complete perform	nance of my duties, and I am familiar with and accept the	2
obligations of my position as registered agent		
Jaye The Path	in landra	
Signature/Registered Agent	. 12/38/99 / Date	
	· · · · · · · · · · · · · · · · · · ·	