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Division of Corporations

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: C T CORPORATION SYSTEM

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: (850)222-1092

Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION 1043 Flagler, Inc.

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4/25/2014

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICIEI NAME The name of the corporation shall be: 1043 Flagler, In	c. <u> </u>
ARTICLE II PRINCIPAL OFFICE Principal atreet address 4300 Six Forks Road, Mail Code FCC22	Mailing address, if different is PO Box 27131, Mail Code RAVIN16
Raleigh, NC 27609	Raleigh, NC 27611
ARTICLE II PURPOSE The purpose for which the corporation is organized is: TO 81	ngage in any lawful business.
ARTICLE IV SHARES The number of shares of stock is: 100,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECT Name and Title: N/A	Name and Title;
Address	
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

ARTICLE VI REGISTERED AGENT Tho name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: C T Corporation System  1200 South Pine Island Road Plantation, FL 33324  ARTICLE VII INCORPORATOR The name and address of the incorporator is:  Name: Matthew A. Cordell  Address: Post Office Box 867  New Bern, NC 28563-0867  Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Long Basian Agent 25, 2014  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 2817.155, P.S.  Required Signature/Incorporator	Name a	nd Title:	Name and Title:	14 APR 25
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  C T Corporation System  1200 South Pine Island Road  Plantation, FL 33324  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Matthew A. Cordell  Address:  Post Office Box 867  New Bern, NC 28563-0867  Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.	Addres		Address:	To No
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    April 25, 2014     Date     I submit this document and affirm that the facts stated herein are true. I am aware that the faire information submitted in a document to the Department of State constitutes a third degree felony as provided for in 2.817.155, F.S.	The name and a	ddress of the Incorporator is:		
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document to the Department of State constitutes a third degree felony as provided for in 2.817.155, F.S.  25 April 144		Roquired S@nature/Registered Agent	<u>gardidi. Kabupatén</u>	April 25, 2014
Matthew Under 25 April 144 Required Signature/Incorporator Date	I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the fall y as provided for in 2.817.155,	rs information submitted in a F.S.
·		Required Signature/Incorporator		25 April 204