CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ARTICLES OF INCORPORATION Rochelle Enterprises, Incorporated

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:

Rochelle Enterprises, Incorporated

ARTICLE II PRINCIPAL OFFICE

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

Principal place of business: Oviedo Florida

Mailing Address: 315 Suncrest Court, Oviedo, FL 32765

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:

Dr. Pamela R. McCauley-Bell 315 Suncrest Court Oviedo, FL 32765

ARTICLE V INCORPORATOR

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

Dr. Pamela R. McCauley-Bell 315 Suncrest Court Oviedo, FL 32765

ARTICLE VI OFFICERS & BOARD OF DIRECTORS

Officers of the Corporation

President,

Dr. Pamela R. McCauley-Bell

Vice-President

Ms. Annette Cherice Stokes

Secretary

Ms. Evelyn Robinson

Treasurer

Ms. Stormy Carr

ARTICLE VI OFFICERS & BOARD OF DIRECTORS (continued)

Board of Directors

Chairman of the Board Dr. Pamela R. McCauley-Bell

Board Member Ms. Annette Stokes
Board Member Ms. Evelyn G. Robinson

Board Member Ms. Stormy Carr

Board Member Ms. Marcia Reeves Jews

Board Meeting Location

Oviedo, Florida semi-annually

(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

Tomela Milander

Signature/Incorporator

Signature/Registered Agent

Date'

SECKETARY OF STATE
TALL ADDRESS FOR STATE