POLCOCOSOS SALES

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

SUBJECT: W	oods Sales Company, (PROPOSED CORPORA	Inc.	TIDE CITYOTESE	
		3	00004530 -08/13/01- *****78.75	0203 -01070017 5 *****78.7
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM:	Erica M. Woo	ods inted or typed)		
	2633 SE 20t1	a Avenue	-	
		ddress	 -	No.
	Cape Coral, FL 33904 City, State & Zip ARC ARC SS		200 AUG 13	
	(941) 242-99 Daytime Tel	919 ephone number	OF STATEE FLORI	P
			TATE ORIDA	

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

(8/16/01

ARTICLES OF INCORPORATION

2001 AUG 13 PM 1: 01

The undersigned incorporator, for the purpose of forming HASSEE FLORIDA adopts the following Intigles of The South State of The adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Woods Sales Company, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2633 SE 20th Avenue Cape Coral, FL 33904

ARTICLE III SHARES

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

100 Shares of the par value of \$1.00 each.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and Florida Street address of the initial registered agent are:

Erica M. Woods 2633 SE 20th Avenue Cape Coral, FL 33904

ARTICLE V INCORPORATOR

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

Erica M. Woods 2633 SE 20th Avenue Cape Coral, FL 33904

Woods, Incorporator

August 11, 2001

Date

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.

Erica M. Woods, Registered Agent

August 11, 2001 Date

2001 AUG 13 PM 1: 01
SECRETARY OF STATE
TALLAHASSEF FLORIDA