2001	UNIFORM BUS	<b>?</b> )	FILED								
DOCUMENT # 462730  1. Entity Name PATTEN CO., INC.				<u> </u>		Feb 15, 2001 08:00 AM Secretary of State					
Principal Plac		Mailing Address 1803 MADRID AVE.								-	
LAKE WORTH 33461	I FL	LAKE WORTH 33461		FL							
2. Principal P	face of Business	3. Mailing Address		*,							
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRI	TE IN THIS S	PACE	–	
City & State		City & State	City & State			4. FEI Number Appli					Ì
Zip	Country	Zip	Count	try		59-1554022 . Certificate of St			8.75 Ad		-
	6. Name and Address of Curre	nt Registered Agent		·	7	. Name and Add	ress of New R		ee Require	ed	-
GEORGE, LUISE 1803 MADRID AVE.					E LI	UISE . Box Number is N					
LAKE WOF 33461	ктн	FL	-	City			·		Zi- Co-	<del>-</del>	_
	named entity submits this statement			LAKE W				FL	Zip Cod 33461	<u> </u>	
SIGNATURE .	LUISE GEORGE Signature, typed or printed name of registered agoration is eligible to satisfy its Intangii	ent and title if applicable. (NOTE:	Registered	Agent signatur	re required whe	n reinstating)	Campaign Fir	02/15/2 DATE		00 May Be	
	requirement and elects to do so.	Make Check Payable					nd Contributio		Adde	to Fees	
11.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	12.			ADDITIONS/CHA	NGES TO OFF	ICERS AND	DIRECTOR	S IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATTEN, ROBERT F. 1803 MADRID AVENUE LAKE WORTH	∟ Delete FL			VD PATTEN 1803 MAI LAKE W	DRID AVENUE	F		Change 33461	☐ Addition	034 (11/00)
TITLE	PSD	☐ Delete .	TITLE		PSD				Change	Addition	CR2E
NAME STREET ADDRESS CITY-ST-ZIP	PATTEN, STEPHEN F 1803 MADRID AVENUE LAKE WORTH	FL South	NAME STREE		PATTEN	DRID AVENUE	I F		33461	- Addition	Ö
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						<del>-</del>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-	ET ADDRESS ST-ZIP					☐ Change	Addition	
of the cor	certify that the information supplied w on this report or supplemental repor poration or the receiver or trustee en or on an attachment with an addres	t is true and accurate and that my opowered to execute this report as	/ simpati	ure chall ha	iva tha com	ia jamal attact se i	f mada undar i	anthi that Lar	n na officer	or director	
<b>SIGNAT</b>	URE: <u>STEPHEN F. PAT</u>	ΓEN				PSD 02	2/15/2001		-		

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR