TRANSMITTAL LETTER

10000000069

Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

SUBJECT: HARVESTIME AT THE PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900003528689--8 -01/09/01--01006--001 *****70.00 ******70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

□ \$78.75

Filing Fee & Certificate of

Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Name (Printed or types

Address

- SONGD Z

City State & Zin

City, State & Zip

Daytime Telephone number

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

DIVISION OF CURPORATION ON THE STA

APPROVED

ARTICLES OF INCORPORATION In Compliance with Chapter 617, F.S., (Not for Profit) ARTICLE I NAME The name of the corporation shall be: The principal place of business and mailing address of this corporation shall be: ARTICLE III The purpose for which the corporation is organized is: The manner in which the directors are elected or appointed: ARTICLE V INITIAL DIRECTORS/OFFICERS⁷ The name and addresses: GENT AND STREET A The name and Florida street address of the registered agent is: The name and address of the Incorporator is: 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. Signature/Registered Agent

Signature/Incorporator