Department of State Division of Corporations

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

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|--------------|---------------------------------------|-----------------|-----------|
| SUBJECT: | BUCK BUSKERS INC. | | |
| | (PROPOSED CORPORATE NAME - MUST INCLI | IDE CIDERA | |
| | (===== MUSI INCLE | DR SORRIY | |
| | | | |

| Enclosed is an original | and one(1) copy of the arti | cles of incorporation and a | a check for : | _ |
|---|------------------------------------|--|--|---------------|
| \$70.00 Filing Fee | Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate | |
| | | ADDITIONAL CO | PY REQUIRED | |
| FROM: Sept 1 Aglore Name (Printed or typed) 8044 Carrey Food Rd 8044 Carrey Food Rd | | | | |
| | DECANDO | Address JFC 3989 State & Zip 2205 - | 2 | 1:39 |
| | Daytime Te | lephone number | | <u>.</u> •••• |
| NOTE | : Please provide the or | iginal and one copy of th | ie articles. | |

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| | A DELCI EC OF INCORDOR A PROTE |
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| | ARTICLES OF INCORPORATION |
| | In Compliance with Chapter 617, F.S., (Not for Profit) |
| | FILED |
| À | ARTICLE I NAME |
| | The name of the corporation shall be: Buck Bustens Ind NOV-5 PM 1:39 |
| - | SECRETARY OF STATE |
| | TALLAHASSEE, FLORIDA |
| | 100101 B W |
| | The principal place of business and mailing address of this corporation shall be: 8344 Cure foed a |
| | ORCANO FC 3080 |
| | Occimo FC 3080 |
| | ADTICLE III DIMBOGE |
| | The numbers for which the composition is organized in |
| | The purpose for which the corporation is organized is: TO CEASE Hontany Property IN |
| | HAMILTON County FROM CCALS INDUSTRIES. FOR THEIR |
| | Insurance- |
| | |
| | ARTICLE IV MANNER OF ELECTION |
| | The manner in which the directors are elected or appointed: |
| | DIRECTORS SHALL BE ELECTED BY THE INCOLPORATOR. |
| | Divide toks 3 Miles and the service of the |
| | |
| | ARTICLE V INITIAL DIRECTORS/OFFICERS |
| | The name(s), address(es) and title(s): |
| | (1) SCOTT 1 AGIOR - (2) CONHRETE / AGI |
| | The name(s), address(es) and title(s): (3) Cody Lee TAylor (3) Cody Lee TAylor (4) Consumption (5) Cody Lee TAylor (6) Cody Lee TAylor (7) Cody Lee TAylor (8) Cody Lee TAylor (8) Cody Lee TAylor |
| | ORCANDO, FC 32822 (ORCANDE |
| | (3) Cody LEE IAGOL 3280 |
| | 8244 Curay Fond RD |
| | (3) Cody Lee TAYOL 8244 CHARL FORD RD MICHARD FORD MICHARD FORD STORY MICHARD FORD STORY APPROVE IN THE PROJECTION ASSETT APPROXIMATION APPROVE IN THE PROJECTION ASSETT ASSETT APPROXIMATION APPROVE IN THE PROJECTION ASSETT ASS |
| | ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the registered agent is: |
| | |
| | SCOTT TAYLOR |
| | |
| | APTICLE WILL INCORPORATION ORLANDO, FL 32822 |
| | ARTICLE VII INCORPORATOR |
| | The name and address of the Incorporator is: |
| | 500T TAGGA 8244 CURE TONULU DELANO, FC 32822 ********************************** |
| | 8244 Cyring Ford Rd |
| | DRLANDO, FC 32822 |
| ** | ******************************** |

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.

Teen land Jahren 10-15-01

Signature/Registered Agent

Signature/Incorporator

Jest Sylvy

Date