### CAPITAL CONNECTION, INC.

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

inc		,	900030946495 -01/11/0001055020 *****78.75 ******78.75
			Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Anatal Report / Reinstatement  Cert. Copy
Signature  Requested by:  Name	)/l ( Date	10:58 Time	Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name  Corp Record Search  Officer Search  Fictitious Search  Fictitious Owner Search  Vehicle Search  UCC 1 or 3 File  UCC 11 Search

### ARTICLES OF INCORPORATION

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:

Tradition Builders, Inc.

#### <u>ARTICLE II</u> <u>PRINCIPAL OFFICE</u>

Principal place of business: 1200 Riverplace Boulevard, Suite 917 Jacksonville, Florida 32207 Mailing Address:

13170 Atlantic Blvd., Suite 58, Box 205

Jacksonville, Florida 32225

# ARTICLE III SHARES

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

Ten (10)

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

Theodore M. Johns 1200 Riverplace Boulevard, Suite 917 Jacksonville, Florida 32207

#### <u>ARTICLE V</u> INCORPORATOR

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

Theodore M. Johns 1200 Riverplace Boulevard, Suite 917 Jacksonville, Florida 32207

Signature/Incorporator

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.

Signature/Registered Agent

Date

SECRETATY OF STATE.

APPROVED FALED