DECEMENT OF SLATE DIVISION & COFFORATIONS PU BOLLSU TALLAHASSEE, FL 3.14

SUBJECT: DE CUPPS INC

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF

INCORPORATION AND OUR CHECK FOR 122.50

FROM:

TONYA JONES

9900 MOBILE HWY

PENSACOLA, FL 32526

1-850-944-2686

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00 JAN 18 AM 7: 52
SECRETARY OF STATE
TAIL AHASSEF, FLORID

ARTICLE OF INCORPORATION

of

DECUPPS INC

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

DECUPPS INC



ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

9900 MOBILE HWY

PENSACOLA, FL 32526

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS
AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:
FIVE HUNDRED (500) SHARES

ARTICLE IV REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

ELTON JONES

9900 MOBILE HWY

PENSACOLA, FL 32526

ARTICLE V INCORPORATORS

THE NAME AND STREET ADDRESS OF THE INCORPORATORS TO THESE ARTICLES OF INCORPORATION IS:

TONYA JONES - PRES/SEC
9900 MOBILE HWY
PENSACOLA, FL 32526

ELTON JONES - V. PRES
9900 MOBILE HWY
PENSACOLA, FL 32526

THE UNDERSIGNED INCORPORATORS HAVE EXECUTED THESE ARTICLES OF INCORPORATION THIS 13TH DAY OF JAN, 2000.

ELTON JONES

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 61 FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED 1/2 UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

- THE NAME OF THE CORPORATION IS DECUPPS INC
- 2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS

ELTON JONES

9900 MOBILE HWY

PENSACOLA, FL 32526

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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

DATE