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### Florida Department of State

Division of Corporations
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To:

Division of Corporations

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From:

Account Name . : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839

Fax Number : (305) 716-0346

)O APR 25 PH 12: 41

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H APPLICATE FLORIDA

### FLORIDA PROFIT CORPORATION OR P.A.

EVDON, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 25, 2000

FAS-T

SUBJECT: EVDON, INC. REF: W00000010797

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# OO APR 25 PH 12: 4:1 SECRELARIASSES, FLORID.

### ARTICLES OF INCORPORATION OF

| EVEON, INC.  |
|--|
| ARTICLE I NAME   |
| The name of the corporation shall be:  |
| EVDON, INC.  |
| ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  3280 SE GATEHOUSE CIRCLE |
| STUART FLORIDA 34994   |
|  |
| ARTICLE III CAPITAL STOCK  |
| The number of shares of stock that this corporation is authorized to have outstanding at any one time is:                                |

FIVE HUNDRED (500)

PREPARED BY: TRIPLE CHECK INCOME TAX SERVICE 2506 DELAWARE AVE FORT PIERGE PLORIDA 34947

|              | 2200   |
|--------------|--|
|              | 3280 SE GATEHOUSE CIRCLE                     |
|              | STUART, FLORIDA 34994                        |
|              |  |
|              |  |
|              | ARTICLE V INCORPORATOR                       |
| The name an  | d street address of the incorporator to thes |
| rticles of Y | ncorporation is:                             |
|              |  |
|              | DONALD NELSON                                |
|              |  |
|              |  |
|              | 3280 SE GATEBOUSE CIRCLE                     |
|              |  |
|              | 3280 SE GATEBOUSE CIRCLE                     |
| The undersig | 3280 SE GATEBOUSE CIRCLE                     |

### CERTIFICATE OF DESIGNATION

### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 507.0501, Plorida Statutes, the undersigned corporation, organized under the laws of the State of Plorida, submits the following statement in designating the registered office/registered agent, in the State of Plorida.

1. The name of the corporation is:

| EVDON, INC.  |         |
|--|---------|
| 2. The name and address of the registered agent and  | Ē       |
| DONALD NELSON  |         |
| 3280 SE GATEHOUSE CIRCLE   |         |
| STUART, FLORIDA- 34994   |         |
| Signature: x & mold (Melso   |         |
| Title: PRESIDENT.  |         |
| Date: 4/20/00  |         |
| HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT TPLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THAPPOINTMENT 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 AGEN | HE<br>E |
| Signature: Date: 4/20/00 Jonald Melson  ESE SE   | ;       |