(SAMPLE LETTER OF TRANSMITTAL) OCOCO (SAMPLE LETTER OF TRANSMITTAL) Florida Department of State

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

Re: DONALD M. ODOM, JR., Inc. (Name of Corporation)

HILLEID

2000 JUN 13 PM 5: 32

SECRETARY OF STATE
TALLAHASSEE, FLORBIA

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

900003286999--5 -06/13/00--01046--001 *****78.75 *****78.75

DONALD M. ODOM, JR., INC.
(Name of Corporation)

DONALD M. ODOM, JR., INC.

22210 OLD PROVIDENCE ROAD

ALACHUA, FL 32615

PHONE

(904) 462-2928

Area Code Number Ext.

OR 6/19

FIL.ED

ARTICLES OF INCORPORATION

of

2000 JUN 13 PM 5: 32

DONALD M. ODOM, JR., INC. (name of corporation)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

10007077		CORPORATE NAME
$\Delta RIHIH$	1 -	TTIRPORATE MANUE.

The same of the componentian iss		
The name of the corporation is:		
DONALD M. ODOM, JR., I	NC.	
	ARTICLE II - DURATION	
This corporation shall exist perpetually	unless dissolved according to Florida law.	
	ARTICLE III - PURPOSE	
The corporation is organized for the pur United States and the State of Florida.	pose of engaging in any activities or business	s permitted under the laws of the
	ARTICLE IV - CAPITAL STOCK 500 shares of common stock, par value	0 1 00
The corporation is authorized to issue _	500 shares of common stock, par valu	e \$ 1.00 per share.
=	TICLE V - INITIAL PRINCIPAL OFFICE al office and, if different, the mailing address	is:
STREET ADDRESS		
22210 OLD PROVIDENCE RO	AD	
CITY ALACHUA	FLORIDA	ZIP 32615
Mailing address, if different		
STREET ADDRESS		
	.	- (
CITY	FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

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

NAME]	OONALD M. ODOM, JR.		
ADDRESS	22210 OLD PROVIDENCE ROAD	<u> </u>	
CITY	ALACHUA	FLORIDA	ZIP 32615

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have() directors initially. The n	umber of directors may be
ither increased or diminished from time to time by the By-I ddresses of the initial director(s) of the corporation are as for		ie (1). The names and
NAME	,	
DONALD M. ODOM, JR.	<u>. </u>	
ADDRESS 22210 OLD PROVIDENCE ROAD		-
CITY ALACHUA	STATE FL	ZIP 32615
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
ARTICLE VIII	- INCORPORATORS	
the names and addresses of the incorporators signing these		ows:
NAME DONALD M. ODOM, JR.		
ADDRESS 22210 OLD PROVIDENCE ROAD		
CITY ALACHUA.	STATE FLORIDA	ZIP 32615
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these A	articles of Incorporation this	10th
lay of June	, 19 2000.	
	Donald M. Odo	m (Signature)
<u>-</u>		(Signature)
-		(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED 2009 JUN 13 PM 5: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DONALD M. ODOM, JR., INC. (name of corporation)					
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:					
The above corporation, organized under the laws of the State of Florida with its registered office					
as indicated in the Articles of Incorporation					
at 22210 OLD PROVIDENCE ROAD					
ALACHUA, FL 32615					
has named DONALD M. ODOM, JR.					
located at the aforesaid address, as its registered agent to accept service of process within this					
state.					
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 regis-					
tered 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.					
1 1 - 1 6 0 5					
(Signature) (Date)					