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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)922-4001

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

CORPORATE SEDAN, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION
OF

These Articles are in compliance with Chapter 607, F.S.

Article I

The name of this corporation shall be:

CORPORATE SEDAN, INC.

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Article II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

Article III

The principal place of business and mailing address of this corporation shall be:

417 STARFISH LAKE TAMPA, FL 33615

Article IV

The general nature of business of this corporation is to transact any and all lawful business.

Article V

The number of shares which this corporation shall have authority to issue is 100 shares, having an individual par value of \$ 1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

Article VI

The name and street address of the initial Registered Agent of this corporation shall be:

BRETT VERDWA
308 S. WESTLAND
TAMPA, FL 33606

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Article VII

The initial board of Directors shall consist of a total of ONE person(s) and the name and address of the person(s) who are to serve as an initial director(s)

JOHN W. PARKER III

Article VIII

The name and address of the incorporator executing these Articles of Incorporation is:

JOHN W. PARKER III
4111 STARFISH LAKE
TAMPA, FL 33615

The undersigned has executed these Articles of Incorporation this 27 day of July, 2000


Incorporator

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.


REGISTERED AGENT

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