

CAPITAL CONNECTION, INC.

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

100000674607

F.P. Campbell, Inc.

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*****78.75 *****78.75

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<input type="checkbox"/>	Fictitious Name File	
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<input type="checkbox"/>	RA Resignation	
<input type="checkbox"/>	Dissolution / Withdrawal	
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EFFECTIVE DATE
08/04/00

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00 AUG -7 PM 12:51
SECRET
TALLAHASSEE, FLORIDA

RECEIVED
00 AUG -7 AM 11:51
DIVISION OF CORPORATION

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

ARTICLES OF INCORPORATION

OF

F.P. CAMPBELL, INC.

ARTICLE I. NAME

The name of this corporation is F.P. CAMPBELL INC.

ARTICLE II. DURATION

This corporation shall begin its existence on the 4th day of

August, 2000.

ARTICLE III. PURPOSE

This corporation is organized for the purpose of engaging in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV. CAPITAL STOCK

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

SEVEN THOUSAND FIVE HUNDRED (7,500) Shares of
Common Stock having a Nominal or Par Value of
ONE DOLLAR (\$1.00) per share.

ARTICLE V. PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 907 Webster Street, Leesburg, Florida 34748, and the name of the initial registered agent of this corporation is CHARLES D. JOHNSON, Esquire.

ARTICLE VII. PRINCIPAL OFFICE

The address of the principal office is 39903 Magnolia Street, Lady Lake, Florida 34731. The preferred mailing address is same.

ARTICLE VIII. INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director, initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1).

The name(s) and address(es) of the initial director(s) of this corporation is(are):

NAME

ADDRESS

FRANCIS P. CAMPBELL

39903 Magnolia Street
Lady Lake, FL 32159

ARTICLE IX. INCORPORATOR

The name and address of the person(s) signing these Articles of Incorporation is(are):

NAME

ADDRESS

FRANCIS P. CAMPBELL

39903 Magnolia Street
Lady Lake, FL 32159

ARTICLE X. INDEMNIFICATION

The corporation shall indemnify any officer, director, agent

or employee or any former officer, director, agent or employee to the full extent permitted by law.

ARTICLE XI. AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber(s) has(have) executed these Articles of Incorporation this 4th day of ~~July~~ ^{August}, 2000.


FRANCIS P. CAMPBELL, Subscriber

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: **F.P. CAMBELL, INC.**
2. The name and address of the registered agent and office is:

CHARLES D. JOHNSON
907 WEBSTER STREET
LEESBURG, FLORIDA 34748

SIGNATURE

Francis P. Campbell
(Corporate Officer)

TITLE

President

DATE

7/27/00

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

[Signature]

DATE

8-4-00

FILED
00 AUG - 7 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA