## P00000080926

August 17, 2000

Division of Corporations, New Corporations POB 6327 Tallahassee, FL 32314

000003366790--8 -08/22/00--01020--008 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

Dear Sir,

Enclosed is our check for \$78.75 for CBL Solutions, Inc. for a certified copy of the articles of incorporation and a certificate of incorporation.

Please return the documents to:

Ben H. Moore
1400 West Fairbanks Avenue, Ste 201
Winter Park, FL 32789

Thank you for your attention to this matter.

Sincerely,

1/2

Ben H. Moore

OO AUG 22 AM 8: 28
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

### FILED

#### ARTICLES OF INCORPORATION

CBL Solutions, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

CBL Solutions, Inc.

# SECRETARY OF STATE TALLAHASSEE, FLORID.

#### ARTICLE II PRINCIPAL OFFICE

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

821 Palmetto Terrace Oviedo, FL 32765

#### ARTICLE III SHARES

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

1,000 shares at a \$1.00 Par Value

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

David O. Lane 821 Palmetto Terrace Oviedo, FL 32765

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

David O. Lane 821 Palmetto Terrace Oviedo, FL 32765

The undersig	gned incorporator(s) has	(have) executed the	ese Articles of Incorpo	ration this
	16th_day of	August	, <b>19</b> <u>x 200</u> 0.	
	Dore	Signature		-
		Signature .		
· <del></del>		Signature		

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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 nam	e of the corporation is:	CBI, So	lutions, Inc		
2. The nam	e and address of the regi	stered agent and offic	ce is:	00 AUG 22 SEGRLTAR TALLAHASS	,
		vid O. Lane (Name)		2 AM 8: 29 RY OF STATE SEE, FLORIDA	1
		<pre>lmetto Terrace Box not acceptable)</pre>		<b>1</b>	
		do, FL 32765 (City/State/Zip)			
Having beer above stated the appoint to comply will mance of my as registered	n named as registered ago d corporation at the place nent as registered agent a ith the provisions of all sta duties, and I am familiar of d agent.	ent and to accept ser designated in this ce and agree to act in thi atutes relating to the with and accept the o	vice of process f ertificate, I hereby is capacity. I furi proper and comp obligations of my	for the y accept ther agree plete perfor- r position	
2	(Signature)		8   16   50 (Date)		