POODOOOSASS

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

SUBJECT:	ROLAND- BRYANT,	INC.	_	
	(Proposed corpo	rate name - must include suf	ffix)	_
		į	0000033 7 5 -08/28/00 *****78.75	-01110013
Enclosed is an origin	nal and one(1) copy of the article	s of incorporation and a c	check for :	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	N.
FROM:	DENNIS L. BR) Name (Pr	/ANT inted or typed)		
	CLEARWATER City, S 800-499-977	State & Zip	(T) ***	

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Busines's Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ROLAND - BRYANT, INC.

ARTICLE II PRINCIPAL OFFICE

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

1040 MARINE STREET

CLEARWATER, FL. 33755

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Signature/Incorporator/Registered Agent

DENNIS L. BRYANT

1040 MARINE ST.

CLEARWATER, PL 33755

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DENNIS L. BRYANT

1040 MARINE ST.

CLEARWATER, FL. 33755

(An additional article must be added if an effective date is requested.)

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

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SECRETARY ST STATE
TALLAHASSEE, FLORIDA