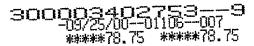
P000000 9160 5 TRANSMITTAL LETTER

9/21/00

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



SUBJECT:_	FUND ALLOCATION M (PROPOSED CORPORATE NAM)	IANAGEMENT, INC E – MUST INCLUDE SUI	· FFIX)			
Enclosed are	an original and one (1) copy of the a	rticles of incorporation	and a che	eck for:	7	
□ \$70.00 □ \$78.75 Filing Fee & Certificate of Status		☑ \$78.75 Filing Fee & Certified Copy	S87 Filing I Certific & Cert of State	Fee, ed Copy ificate		
		ADDITIONAL COPY REQUIRED				
	a letter of acknowledgement to:	se matters.		SECRETARY TALLAHASSE	00 SEP 25	<u> </u>
	Neil Blackwelder Name (Printed or typed)		<u></u> .			
	526 SW Depot Ave. Address			STATE LORIDA	AM 10: 52	-
	Gainesville, FL 32601 City, State & Zip			⇔ .		4
	352-214-5628 Daytime Telephone number	<u> </u>	w			

ARTICLES OF INCORPORATION OF FUND ALLOCATION MANAGEMENT, INC.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

FUND ALLOCATION MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

526 SW Depot Ave. Gainesville, FL 32601

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be now or hereafter organized under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Ken McGill 526 SW Depot Ave. Gainesville, FL 32601 Neil Blackwelder 526 SW Depot Ave. Gainesville, FL 32601

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Ken McGill 526 SW Depot Ave. Gainesville, FL 32601 DO SEP 25 AM IO: 52
SECRIFIANSSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Neil Blackwelder 526 SW Depot Ave. Gainesville, FL 32601

********	*********	**********	********
Having been named as registered the place designated in this certifi and agree to act in this capacity	agent to accept service of	nrocess for the above state	ed corporation at
Keneth McC. Signature/Registered Agent:	Ken McGill	· · · · · · · · · · · · · · · · · · ·	9/21/00 Date
Mif Blackells Signature/Incorporator:	Neil Blackwelder	····	9/21/00 Date

STATE OF FLORIDA COUNTY OF ALACHUA

Before me, the undersigned authority, personally appeared <u>Neil Blackwelder</u> who is to me well known to be the person described in and who subscribed the above Articles of Incorporation, and he did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal at 3:45 am/pm in said County and State this 2 day of September, 2000.



Notary Public STATE OF FLORIDA

My commission expires: 2/1/03

APPOINTMENT OF REGISTERED AGENT

in compliance with Section 48.091, Florid	da Statutes, the following	s submitted:
First – That <u>FUND ALLOCATION M</u>	ANAGEMENT, INC.	desiring to
organize or qualify under the laws of the State of	Florida, with its principal	place of
business located in the city of <u>Gainesville</u> ,	state of <u>Florida</u> , has	named
Kenneth McGilllocat	ed at526 SW Depot	Ave,
city of <u>Gainesville</u> , state of <u>Flor</u>	ida, as its agent to acce	pt service of
process within the sate of <u>Florida</u> .		
Signature/Director: Kenneth McGill		OO SEP 25 AM IO: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Having been named to accept service of partial at the place designated in this certificate, I hereby further agree to comply with the provisions of all complete performance of my duties.	agree to act in this canacit	tv. and I
Gerneth McCi	9	/21/00
Signature/Registered Agent: Kenneth McGill		Date