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

800003407518--6 -09/28/00--01027--002 *****70.00 *****70.00

SUBJECT:	CTC, INC	<u>'</u>		771-51-
	(Proposed corpo	orate name - must include suf	fix)	_
Enclosed is an original a	and one(1) copy of the articl	es of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	Counte H	rinted or typed)		
_	12464 Ed	gekvoll Di	TĂLL.)
_	Rivenule.	J FL 33569 State & Zip	SECRE JANA LLAHASSEE	
_	813-20 Daytime To	19. 193 elephone number	AMII: I	

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

<u>D</u>F

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Business Corporation Act, hereby adopts the following Articles of Incorporation.	<u>₹</u>
ARTICLE I NAME The name of the corporation shall be:	EP 28 CRETART LAHASSE
CTC, INC,	E. FLORID
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall 12404 Edgekwoll De.	
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have out.	standing at any one time is:
100 (ONE HONDRED)	
ARTICLE IV INITIAL REGISTERED AGENT AND STREE	T ADDRESS
The name and Florida street address of the initial registered agent are: CONNIE HOBBS CULL 12404 Edge Knoll Dr RIVETUIEM FL. 33569 ARTICLE V INCORPORATOR	
ARTICLE V INCORPORATOR	. · ·
The name and address of the incorporator to these Articles of Incorporation	ı are:
CONNIZ Hobbs CUEL	
12404 Edge Knoll Or	
12404 Edge Knoll Or Riverview EC 33569	
L'Connie Hobbs Curl 9	7 - 22 - 00
Signature/Incorporator	Date

(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

Signature/Registered Agent

9-22-00

Date