FROM : "ACCOUNTING & TAX HELP INC. Division of Corporations

PHONE NO.: 7273975189

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

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Fax Number

: (850)922-4001

From:

Account Name : AL CLARK Account Number: 072100000173

Phone

: (727)398-6011

Fax Number

: (727)397-5189

FLORIDA PROFIT CORPORATION OR P.A.

CEDAR ISLAND, CO.

Certificate of Status	0	
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Page Count	03	
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PHONE NO.: 7273975189

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ARTICLES OF INCORPORATION

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

CEDAR ISLAND, CO.



ARTICLE II PRINCIPAL OFFICE

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

<u>P.O. BOX 1529</u> <u>ST. PETERSBURG, FL 33731</u>

ARTICLE III SHARES

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

1000 SHARES NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

prepared by:

Name: JOHN OWEN
Address: P.O. BOX 1529
ST. PETERSBURG, FL 33731
PH# (727) 455-2827

Accounting & Tax Help, INC. 8668 PARK BLVD Suite .A SEMINOLE, Florida 33777 PH#(727) 398-6011

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PHONE NO.: 7273975189

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ARTICLE V DIRECTOR(S)

The number of directors constituting the initial Board of Directors of the corporation is One (1) and the name(s) and address(es) of the person(s) who is to serve as director(s) until the first annual meeting of shareholders or until his or her successor(s) is(are) elected and qualified is(are):

JOHN OWEN PO BOX 1529 ST. PETERSBURG, FL 33731

ARTICLE VI INCORPORATOR(S)

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

> JOHN OWEN PO BOX 1529 ST. PETERSBURG, FL 33731

The und	dersigned incorpo		ecuted these Articles of In	corporation this
(An additional arti	icle must be added if a	n effective date is requeste	ed.)
•	* tobal	Journ	•	
		Signatu	re	
		Signatu	ге	_
	and the second s	Signatu	re	M-i-

Notarization is not required

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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 name of the corporation is:

CEDAR ISLAND, CO.

2. The name and address of the registered agent and office is:

Accounting & Tax Help, INC.
(Name)

8668 PARK BLVD., Suite A (P.O. Box not acceptable)

SEMINOLE, Florida 33777 (City/State/Zip)



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.

al Clark

DATE 10-04-2000

PRESIDENT

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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