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TRANSMITTAL LETTER

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| Department of State | | - | 63 (**) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| Division of Corporat | ions | | 20 x27 |
| P. O. Box 6327 | ions — | | 95 |
| Tallahassee, FL 323 | 14 | | 6A |
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| SUBJECT: VO | umans Enter of the article and one (1) copy of the article | <u>.</u> | UDE SUFFIX) 300034 71 -11/27/00- *****78.7 |
| C | | | |
| \$70.00 | ⊠ \$78.75 | □ \$78.75 | □ \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| | & Certificate of Status | & Certified Copy ADDITIONAL CO | Certified Copy & Certificate of Status PPY REQUIRED |
| FROM | Michelle Your Name (F | Man S Printed or typed) | |
| | 394 Foxtail | Address | <u> </u> |
| Middleburg, Fr 32068 | | | |

y 11/29

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Youmans Enterprises, NC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 394 Foxfall Ave.

Middleburg, Fr. 32068

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: TO TRADS ACT

BUSINESS

IN FLORIDA FOR CONSTRUCTION DURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es): Michelle Youmans, President
394 Foxtail Ave
Middleburg, FL 32068

REGISTERED AGENT

The name and Florida street address of the registered agent is: Michelle Youmans
394 Foxtail Ave
Middleburg, FL 30068

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Michelle Youmans 394 Foxtail Ave Middleburg, FL 32068

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Michelle & Youmans Michelle E. Yolumans

TACARDARATORI APA i Stered Agent