

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



| SUBJECT: | (PROPOSED CORPORA | TE NAME – <u>MUST INCLU</u> | DE SUFFIX) | |
|--|--|--------------------------------------|--|--|
| Enclosed is an original ar \$70.00 Filing Fee | nd one(1) copy of the artic \$78.75 Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy | check for: \$87.50 Filing Fee, Certified Copy & Certificate | |
| | | ADDITIONAL CO | ADDITIONAL COPY REQUIRED | |
| FROM: | Name (F | Printed or typed) | | |

Daytime Telephone number

P. SOLANO & ASSOCIATES

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

W-28096

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 30, 2000

P SOLANO & ASSOCIATES PO BOX 574842 ORLANDO, FL 32857-4842

SUBJECT: ALAN MOWBRAY, INC. Ref. Number: W00000028296

We have received your document for ALAN MOWBRAY, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees \$35.00
Registered Agent
Designation \$35.00
Certified Copy \$8.75
Certificate of Status \$8.75

If you have any further questions concerning your document, please call (850) 487-6924.

Letter Number: 200A00060846

Kimberly Rolfe Corporate Specialist Supervisor

ARTICLES OF INCORPORATION

OF

ALAN MOWBRAY, INC.

The undersigned Incorporator, for the purpose of forming a corporation under the Florida general Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ALAN MOWBRAY, INC.

The principal place of business of this corporation shall be:

120 Lake Winnemissett Drive Deland, Florida 32724

ARTICLE II NATURE OF BUSINESS

The corporation may engage in or transact any of or all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is one thousand (1,000) at \$1.00 Par.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The names and street addresses of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until their successors are elected, are:

President, Vice President, Treasurer, Secretary:
Alan Mowbray
120 Lake Winnemissett Drive
Deland, Florida 32724



ARTICLE VI INCORPORATOR

The names and street addresses of the Incorporator to these articles of incorporation are:

Alan Mowbray 120 Lake Winnemissett Drive Deland, Florida 32724

IN WITNESS WHEREOF, the undersigned Incorporator has executed these articles of Incorporation this 21st day of November 2000.

Signatures of Incorporator:

State of Florida County of Orange

Alán Moworay

THE FOREGOING instrument was acknowledged and sworn before me this 21st day of November 2000 by Alan Mowbray 120 Lake Winnemissett Drive Deland, FL 32724 Incorporator of ALAN MOWBRAY, INC., the newly formed corporation.

Notary Public:

Christopher L. Kozlowski

Chris Kozłowski
MY COMMISSION # CC848689 EXPIRES
June 22, 2003
BONDED THRU TROY FAIN INSURANCE INC.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the Undersigned Corporation, organized under the laws of the state of Florida, submits t he following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is:

ALAN MOWBRAY, INC.

The name and address of the registered agent in office is:

Alan Mowbray 120 Lake Winnemissett Drive Deland, Florida 32724

Signaturé

Registered Agen

November 21, 2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PRPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

F

November 21, 2000

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SECRETARY OF STATE