Florida Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314 Re: L. M. Sturgeon, (Name of Egroporation) Gentlemen: Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75 This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation. Very truly yours. **MAILING ADDRESS OF CORPORATION** PHONE

ARTICLES OF INCORPORATION The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 7500 shares of common stock, par value \$ _/. 00 ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS FLORIDA Mailing address, if different STREET ADDRESS ZIP **FLORIDA** ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registered office and the name of the initial registered agent at the office is: NAME **ADDRESS FLORIDA** CITY

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have() direct	ors initially. The num	nber of director	s may be and
either increased or diminished from time to time by the By-L addresses of the initial director(s) of the corporation are as fo	laws, but snam ne llows:	ever be less than one	(1). The hames	
NAME Lawrence Michae	1 Sturg	eon	 	
ADDRESS 3008 504h 5t. 50.				
CITY GUIFPORT	STATE	Florida	ZIP <i>33707</i>	
NAME /				7 5 4 2
ADDRESS				المحمد المطلوب
CITY	STATE		ZIP	
NAME				april
ADDRESS	<u> </u>	1	· Eq	V
CITY	STATE		ZIP	
ARTICLE VIII	. INCORPOR	ATORS		
The names and addresses of the incorporators signing these			ws:	
$M \cdot I$	//			
NAME Lawrence ///ichael 3	<u>sturgeon</u>	1		
ADDRESS 3008 50 4h 5t. 50.	STATE	Florida	ZIP 3	3707
CITY GUITPOIT	SIALE	1 104164	<u> </u>	77
NAME		1 .		-2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -
ADDRESS			ZIP	A Deposit
CITY	STATE		ZIF	
NAME		1	<u> </u>	¥
ADDRESS				F 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
CITY	STATE		ZIP	
The undersigned incorporator(s) have executed these	Articles of Inco	rporation this	64h	
day oflecensber	2000		0	
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	Hawrence	Michael	augers	nature)
		1	0	
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CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



L.M. Sturgeon Inc.	
(name of corporation)	

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at H &	720 (Gulf E	Boulevard		
51	- Pete	Beach	Florida	33706	
has named	Lau	rence!	Michael	Sturgeon	

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

Javrence Michael Faugen

(Date)