Division of Corporations

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Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : R.C. UNGER CPA PA Account Number : 119990000023 : Phone : (941)408-9555 Fax Number : (941)408-9553

FLORIDA PROFIT CORPORATION OR P.A.

CASE LTD, Inc

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DEC 1 4 2000



Secretary of State

December 12, 2000

RC UNGER

SUBJECT: CASE LTD, INC

REF: W000000029135

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

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Neysa Culligan Document Specialist FAX Aud. #: H00000064603 Letter Number: 500A00062634 (((1100000064603 4)))

ARTICLES OF INCORPORATION

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

ARTICLE L The name of the corporation shall be:

CASE LIMITED, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2800 North Beach Road, A101 Englewood, Fl 34223

ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 (One Thousand) Shares

INITIAL REGISTERED AGENT AND STREET ADDRESS

ARTICLE IV INITIAL REGISTERED AGENT AND STREET and Florida succet address of the initial registered agent are.

Emily S. Adams 2800 North Beach Road, A101 Englewood, FI 34223

ARTICLE V

INCOPPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Emily S. Adams 2800 North Beach Road, A101 Englewood, F1 34223

Having been named as registered agent and to accept service of process for the above stated corporation as 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.

makire/Registered Agent