Requester's Name Requester's Name Bot Land Accounting 400 Tomplane Stant Armenus, R 34450 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	(Corporation Name)	70003551 -01/17/010 (Document#) *****70.00	
2	(Corporation Name)	(Document #)	± 1,1 1,2 1,2 1,2 1,2 1,2 1,2 1,2 1,2 1,2
3	(Corporation Name)	(Document #)	a 2, 5
4 г	(Corporation Name)	(Document #) Certified Copy	* : <u>A-</u> * , <u>a</u>
[Photocopy Certificate of Status	g i egyet 🛥
	Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
<u>o</u>	Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	

Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION

of

_ citus Noy	wall of Angulation	n conco	
A Ch	(name c	of corporation)	
The undersigned acting as t the following articles of incorpor		ation under the Florida Bu	siness Corporation Act, adopt(s)
	, •	CORPORATE NAME	
The name of the corporatio	nis: <i>rywall + Anscu</i>	lation, Fre.	SE A F
•	ARTICLE	II - DURATION	ALLED LED
This corporation shall exist	perpetually unless dissolved	l according to Florida law	
	ARTICLE	III - PURPOSE	
The corporation is organize United States and the State of Flo		ng in any activities or busi	ness permitted under the laws of the
		,, _ <u></u>	
		- CAPITAL STOCK	2 BD
The corporation is authoriz	ed to issue <u>500</u> share	es of common stock, par v	ralue \$ per share.
The street address of the in	ARTICLE V - INIT itial principal office and, if o	IAL PRINCIPAL OFFICE lifferent, the mailing addre	
STREET ADDRESS	11248 Commile	IAC WAY	
	LOOKSVILLE	FLORIDA	ZIP 34/114
Mailing address, if differ			
STREET ADDRESS	P.O. BOX. 182	<u> </u>	MANAGE
	•		
CITY	HOMOSASASSA	FLORIDA	ZIP <i>34447</i>
A	RTICLE VI - INITIAL REG	GISTERED OFFICE AN	ID AGENT
			l registered agent at the office is:
NAME TROY C. THA	TTHEWSON		
	Ommeranne III		

FLORIDA

4

CITY

ZIP 34414

ARTICLE VII - INITIAL BOARD OF DIRECTORS

NAME	TROY C.	MATTHE	WSON			***	
ADDRESS	6587	W. Os.	TWEST ST	REET		·	
CITY			S			ZIP	34448
NAME		.•					
ADDRESS			,	,			
CITY			S	TATE		ZIP	£
NAME							
ADDRESS		·					
CITY			S	TATE		ZIP	
NAME	Roy C.		USON		oration are as i	onows.	
ADDRESS			WEST S				
CITY			<i>s</i>			ZIP	34448
NAME	/ (VINUSASSI	7					
ADDRESS							
CITY			S	TATE		ZIP	
NAME							
ADDRESS							
CITY			S	TATE		ZIP	
he undersign	ed incorporator(s)	have execute	d these Articles o	f Incorp	oration this 2	x 16	W.
	JANUARY			2000			
	•						
			×/2	C4	7 auli		(Signature
							(Cian otrus
							(2) Sustaine
				· · · ·			(Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

·	是為美
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Du Dieller of	THE STATE OF THE S
Citus Daywell + Asulation, Anc.	
(name of corporation)	
	•
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is sub	mitted:
The above corporation, organized under the laws of the State of Florida with its	
as indicated in the Articles of Incorporation	
at 1/248 COMMERCIAL WAY	
BROOKS VILLE, FL 34614	
has named TROY C. MATTHEWSON	
located at the aforesaid address, as its registered agent to accept service of processing the se	ess within this
state.	,
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 appoin	
tered agent and agree to act in this capacity. I further agree to comply with the I	
statutes relating to the proper and complete performance of my duties, and I am	
and accept the obligations of my position as registered agent.	
and decopt the confunction of my position as regional as against	
111-2001	
V/ C Manton x / CMan	٠,
(Signature) (Date)	
//	