

P010000010/80

January 09, 2001

Department of State, Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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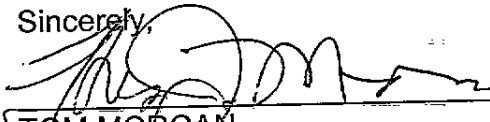
Re: MORGAN INCORPORATED.

Ladies and Gentlemen:

Please find enclosed for filing one original and one copy of the Articles of Incorporation of MORGAN INCORPORATED. Also enclosed is a check in the amount of \$70.00 as the appropriate filing fee.

Please return the copy, stamped to show the date of filing, to the undersigned.

Sincerely,



TOM MORGAN  
1998 RADCLIFFE DRIVE NORTH, SUITE  
1000, CLEARWATER, FL 33763

FILED  
01 JAN 26 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 09114

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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 17, 2001

TOM MORGAN  
1998 RADCLIFFE DR. NORTH, SUITE 1000  
CLEARWATER, FL 33763

SUBJECT: MORGAN INCORPORATED  
Ref. Number: W01000001214

We have received your document for MORGAN INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6995.

Wanda Cunningham  
Document Specialist

Letter Number: 801A00002507

*Mrs. Cunningham,*

*I am sending you the above mentioned papers and along with that if there is anything else Please call: (727) 446-8775 7:30 AM TO 4:30 PM. OUR ADDRESS: 1998 RADCLIFFE DR. N. SUITE 1000 CLEARWATER, FL. 33763*  
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**ARTICLES OF INCORPORATION**  
**OF**  
**T. MORGAN OF PINELLAS COUNTY, INC.**

FILED  
01 JAN 26 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Corporation is T. MORGAN OF PINELLAS COUNTY, INC.

ARTICLE II

The principal place of business and mailing address of this corporation shall be 1998 RADCLIFFE DRIVE NORTH, SUITE 1000, CLEARWATER, FL 33763.

ARTICLE III

The aggregate number of shares which the Corporation has authority to issue is 1,000 shares of common stock with no par value.

ARTICLE IV

The address of the initial registered office of the Corporation is 1998 RADCLIFFE DRIVE NORTH, SUITE 1000, CLEARWATER, Florida 33763, and the name of the Corporation's initial registered agent for service of process at such address is TOM MORGAN.

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation is:  
TOM MORGAN, 1998 RADCLIFFE DRIVE NORTH, SUITE 1000, CLEARWATER, FL 33763.

IN WITNESS WHEREOF, I have hereunto set my hand this 22 day of

JANUARY, 2001.

  
TOM MORGAN  
1998 RADCLIFFE DRIVE NORTH, SUITE 1000,  
CLEARWATER, FL 33763

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: T. MORGAN OF PINELLAS COUNTY, INC.
2. The name of the registered agent and office is:

TOM MORGAN  
1998 RADCLIFFE DRIVE NORTH, SUITE 1000, CLEARWATER, Florida 33763

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.

SIGNATURE

DATE

1-22-01

FILED  
01 JAN 26 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399