#### Florida Department of State

Division of Corporations

Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

#### FLORIDA PROFIT CORPORATION OR P.A.

DAVE LAWRENCE SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	93 (4)
Estimated Charge	\$78.75

B. McKnigh. MAR 0 7 2007

# ARTICLES OF INCORPORATION OF

- Dave Lawrence Services, Inc.
ARTICLE I NAME
The name of the corporation shall be:
DAVE LAWRENCE SERVICES, INC
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of
this corporation shall be:
2911 SE 39th Are
Okechobee Ft 34974-6902
ARTICLE III CAPITAL STOCK
The number of shares of stock that this corporation is
authorized to have outstanding at any one time is:
100 (One Hundred)

PREPARED BY: TRIPLE CHECK INCOME TAX SERVICE 2506 DELAWARE AVE FORT PIERCE FLORIDA 34947 FILLED...
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	name and address of the initial registered agent:  Charles D: Lawrence Tp  2911 St. 39th Are	: La
	Okerchober FL 34974-6902	-
	. '	
	ARTICLE V INCORPORATOR	
The na	ame and street address of the incorporator to thes	16
Articles	of Incorporation is:	_
<u> </u>	Charles D Lawrence IR	
<u> </u>	2911 SE 394 Dre	
	Okeechobee FL 34974-6902	-
		-

### CERTIFICATE OF DESIGNATION

## REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Plorida Statutes, the undersigned corporation, organized under the laws of the State of Plorida, submits the following statement in designating the registered office/registered agent, in the State of Plorida

office/ragistered agent, in t	the State of Florida.
1. The name of the corpo	
DAVE LAWRENCE SC	evices Inc.
2. The name and address office is:	of the registered agent and
" Charles D. Lane	ence IR
2911 SI= 39 M	2 Are
Okechobee Fin	34924-6902
Signature: fort find	As The second
Title: Plantst	
Date: 3/3/0, .	
HAVING BEEN NAMED AS REGIS SERVICE OF PROCESS FOR THE ABOVE PLACE DESIGNATED IN THIS CERTIF APPOINTMENT AS REGISTERED AGENT CAPACITY. I FURTHER AGREE TO COF ALL STATUTES RELATING TO THE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE OBLIGATIONS OF MY POS	VE STATED CORPORATION AT THE FIGATE, I HEREBY ACCEPT THE FAND AGREE TO ACT IN THIS COMPLY WITH THE PROVISIONS
Date: 3/3/0)	
24168 6	OTMAR -6 M 9: 43 SECRETARISE DE STATE TALLAHASSE DE FLURID