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TRANSMITTAL LETTER

FILED

01 MAY 14 PM 1:43

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700004216147--4  
-05/15/01--01008--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** THOMAS WILLHOITE, INC.  
(Proposed corporate name – must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$ 78.75

Filing Fee & Certificate

**FROM:** THOMAS WILLHOITE  
**Name (printed or typed)**  
  
213 HAVERFORD CT.  
**Address**  
  
DE BARY, FL 32713  
**City, State & Zip**  
  
(407) 668-4325  
**Daytime Telephone Number**

**NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

**THOMAS WILLHOITE, INC.**

**ARTICLE II PRINCIPAL OFFICE**

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

213 HAVERFORD CT.  
DE BARY, FL 32713

**ARTICLE III SHARES**

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

500

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

THOMAS WILLHOITE  
213 HAVERFORD CT.  
DE BARY, FL 32713

**ARTICLE V INCORPORATOR(S)**

**The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):**

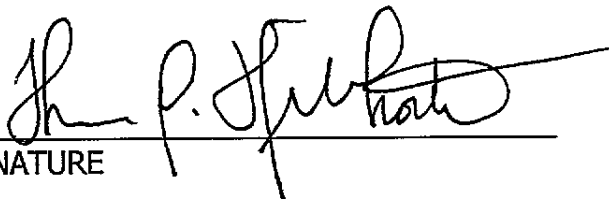
THOMAS WILLHOITE  
213 HAVERFORD CT.  
DE BARY, FL32713

**ARTICLE VI INITIAL OFFICER(S) AND DIRECTOR(S)**

THOMAS WILLHOITE DIRECTOR, PRES, VP, TREAS., SEC.  
213 HAVERFORD CT.  
DE BARY, FL 32713

**The undersigned incorporator(s) has(have) executed these Articles of Incorporation this**

23<sup>th</sup> day of March, 2001.

  
SIGNATURE

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PURSUANT TO THE PROVISIONS OF SECTION 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:**

**THOMAS WILLHOITE, INC.**

**2. The name and address of the registered agent and office is:**

THOMAS WILLHOITE  
**(Name)**

213 HAVERFORD CT.  
**(P.O. Box not acceptable)**

DE BARY, FL 32713  
**(City/State/Zip)**

**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 statues 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**

5/7/01  
**Date**