TRANSMITTAL LETTER

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

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

□ \$70.00

Filing Fee

\$78.75 Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

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DEPARTMENT OF STATE DIVISION OF CURPORATIONS	2001 JUL -9 PM 1:36	NOT LITLING TO ACKNOWLEDGE SUFFICIENCY OF FILING	Name (Printed or typed) 80004464878 -07/03/01-01094- 1699 (het polyent (***************************** Address Tallahasse, Fl City, State & Zip Daytime Telephone number
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I-Name

The name of the corporation shall be Lynne Lawson Supply, Inc.

ARTICLE II-Principal Office

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

976 Rosebay Court Tallahassee, FL 32312

ARTICLE III-Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000.

ARTICLE IV-Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent is:

Christopher D. Johnston, Esq. 1679 Metropolitan Circle Tallahassee, FL 32308

ARTICLE V-INCORPORATOR

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

Christopher D. Johnston, Esq. 1679 Metropolitan Circle Tallahassee, FL 32308

gnature/Incorporator

Date

Having been named as registered agent and to accept service of process for the above stated limited liability company 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/Registered Agent

7/9/2)

Date

SECHETARY OF STATE

