

TRANSMITTAL LETTER

**P01000071968**

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

JUL 23 AM 10:47  
01 JUL 23 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

SUBJECT: Fibercare Restoration, INC.  
(Proposed corporate name - must include suffix)

800004491188-3  
-07/23/01--01024--010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Fibercare Restoration, INC.  
Name (Printed or typed)

4438 Lafayette Street  
Address

MARIANNA Florida 32446  
City, State & Zip

850-893-1411  
Daytime Telephone number

SUFFICIENCY OF FILING

2001 JUL 23 AM 10:22

NOTE: Please provide the original and one copy of the articles.

*[Handwritten signature]*

## **ARTICLES OF INCORPORATION**

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

### **ARTICLE I**

The name of the corporation shall be:

FIBERCARE RESTORATION, INC.

### **ARTICLE II**

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

4438 Lafayette Street  
Marianna, Florida 32446

### **ARTICLE III**

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

1000 Shares

### **ARTICLE IV**

The name and address of the initial registered agent is:

Bud L. Sherrill  
4438 Lafayette Street  
Marianna, Florida 32446

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**ARTICLE V**

The name and street address of the incorporator to these Articles of Incorporation is:

President\Director  
Bud L. Sherrill  
4438 Lafayette Street  
Marianna, Florida 32446

The undersigned incorporator has executed these Articles of Incorporation this

25 day of June, 2001.

A handwritten signature in cursive script, appearing to read "Bud L. Sherrill", written over a horizontal line.

signature

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 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:

FIBERCARE RESTORATION, INC.

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

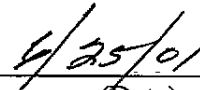
Bud L. Sherrill  
4438 Lafayette Street  
Marianna, Florida 32446

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*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)