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TRANSMITTAL LETTER

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

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-09/04/01--01082--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

HOWLIN WOLFE OF NAPLES, INC

SUBJECT: \_\_\_\_\_  
(Proposed corporate name - must include suffix)

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

\_\_\_\_\_ \$70.00 Filing Fee        X   \$78.75 Filing Fee & Certificate

FROM:

DIAN M EDWARDS

\_\_\_\_\_  
Name (Printed or typed)

1842 40TH TERR SW

\_\_\_\_\_  
Address

NAPLES, FL 34116

\_\_\_\_\_  
City, State & Zip

941-455-3047

\_\_\_\_\_  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 SEP -4 AM 9:27

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose 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:

HOWLIN WOLFE OF NAPLES, INC,

### ARTICLE II PRINCIPAL OFFICE

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

152 SABLE LAKE DR,  
NAPLES, FL 34104

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED SHARES (100)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

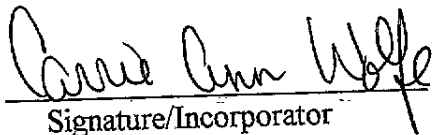
The name and Florida street address of the initial registered agent are:

DIAN M EDWARDS  
1842 40TH TERR SW  
NAPLES, FL 34116

### ARTICLE V INCORPORATOR

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

CARRIE ANN WOLFE  
152 SABLE LAKE DRIVE  
NAPLES, FL 34104

  
Signature/Incorporator

8/29/01  
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

8/29/01  
Date

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