P01000092857

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

900004603449--3 -09/20/01--01100--003 *****87.50 *****87.50

SUBJECT: CHARLES A. BAGGETT, A.R.M., INC.

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF INCORPORATION AND A CHECK FOR \$87.50.

PLEASE INCORPORATE THE COMPANY.

THANKS YOU FOR YOUR ASSISTANCE.

FROM:

CHARLES A. BAGGETT 91108 S.W. 20TH AVE

FT. LAUDERDALE, FL 33324

FILED

1 SEP 20 PM 3: 55

ECRETARY OF STATI

y Papild

FILED

01 SEP 20 PM 3: 55

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

OF

CHARLES A. BAGGETT, A.R.M., INC.

THE UNDERSIGNED ACTING AS THE INCORPORATOR OF A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATIONS ACT, ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

CHARLES A. BAGGETT, A.R.M., INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

91108 S.W. 20TH STREET, Ft. Lauderdale, Fl. 33324

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS:

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF CAPITAL STOCK IS:

ONE THOUSAND (1000) SHARES OF COMMON STOCK HAVING A PAR VALUE OF ONE (\$1) EACH

ARTICLE V INITIAL OFFICERS/DIRECTORS

THE NAME(S) AND ADDRESS(ES):

CHARLES A. BAGGETT DIRECTOR & PRESIDENT 9 1 10B S.W. 20TH STREET FT. LAUDERDALE, FL 33324

ARTICLE VI REGISTERED AGENT

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

CHARLES A. BAGGETT 91108 S.W. 20th STREET FT. LAUDERDALE, FL. 33324

FILED

01 SEP 20 PM 3: 55

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

CHARLES A. BAGGETT 91108 S.W. 20TH STREET, FT. LAUDERDALE, FL 33324

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY

SIGNATURE / REGISTERED AGENT

DATE

SIGNATURE / INCORPORATOR

DATE