CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Waller

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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	Foreign Corp. File
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	Fictitious Name File
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	Dissolution / Withdrawal
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	Cert. Copy
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	Certificate of Good Standing
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	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
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Walk-In Will Pick Up	Courier
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ARTICLES OF INCORPORATION OF

TALLAHASSEE FISTATE

S. K. Waller, Inc.

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 corporation shall be:

S. K. Waller, Inc.

ARTICLE II PRINCIPAL OFFICE

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

510 South Brooksville Avenue Brooksville, Florida 34601

ARTICLE III CAPITAL STOCK

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

One Thousand (1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Shannon Waller 510 South Brooksville Avenue Brooksville, Florida 34601

ARTICLE V INCORPORATOR(S)

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

Shannon Waller 510 South Brooksville Avenue Brooksville, Florida 34601

The undersigned has(have) executed these Articles of Incorporation this <u>24th</u> day of <u>October</u> , 2001.	<u>-</u>
Mannay Walle Pres. Signature/Title	e e e e e e e e e e e e e e e e e e e
Signature/Title	
Signature/Title	

<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of 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: S. K. Waller, Inc.
- 2. The name and address of the registered agent and office is:

Shannon Waller (Name)

510 South Brooksville Avenue (P.O. Box NOT Acceptable)

Brooksville, Florida 34601 (City/State/Zip)

SIGNATURE

(corporate officer)

TITLE President
DATE October 24, 2001

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 October 24, 2001

REGISTERED AGENT FILING FEE: \$35.00