P0100010712-1

OCTOBER 30, 2001

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

SUBJECT: LISA SHERIFF, INC.

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF INCORPORATION AND A CHECK FOR \$122.50 FOR THE FILING FEE AND A CERTIFIED COPY.

FROM:

LISA SHERIFF 14201 71ST PLACE NORTH LOXAHATCHEE, FL 33470



FILED

ARTICLES OF INCORPORATION

01 NOV -5 PM 3: 21

SECRETARY OF STATE
THE UNDERSIGNED INCORPORATOR, 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: LISA SHERIFF, INC.

ARTICLE II

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE CORPORATION IS:

LISA SHERIFF, INC. 14201 71ST PLACE NORTH LOXAHATCHEE, FL 33470

ARTICLE III

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 100 SHARES.

ARTICLE IV

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

LISA SHERIFF 14201 71ST PLACE NORTH LOXAHATCHEE, FL 33470

ARTICLE V

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

LISA SHERIFF 14201 71ST PLACE NORTH LOXAHATCHEE, FL 33470

ARTICLE VI

THE UNDERSIGNED INCO)RPORAT	TOR HAS EX	XECUTED THES	E ARTICLES OF
INCORPORATION THIS				

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE NOV -5 PM 3: 21

SECRETARY OF STATE TALLAHASSEE FLORIDA

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 LISA SHERIFF, INC.
- 2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

LISA SHERIFF 14201 71ST PLACE NORTH LOXAHATCHEE, FL 33470

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 Skuiff

Date