FECTIVE DATE

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

(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

፟፟፟፟፟፟፟ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

Filing Fee & Certified Copy Filing Fee,

\$87.50

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

Name (Printed or typed)

435 S. RIDGEWOOD

Address

DAYTONA BEACH, FLORIDA 32114

City, State & Zip

<u>(904) 255-5454</u>

Daytime Telephone number

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

ARTICLES OF INCOR	<b>PORATION</b>
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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICI	LE I	NAME

The name of the corporation shall be:

Chipmunk Hardwood

<u>ARTICLE II</u> PRINCIPAL OFFICE

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

435 S. RIDGEWOOD AVE., #210 DAYTONA BEACH, FLORIDA 32114

<u>ARTICLE III</u> SHARES

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

AUTHORIZE 10,000 @ \$1.00 PAR VALUE

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

INCORPORATOR

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

435 S. RIDGEWOOD AVE., #210 DAYTONA BEACH, FLORIDÁ 32114

EFFECTIVE DATE: 1-1-02

Signature/Incorporator

(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 phy position as registered agent

Signature/Registered Agent

Date