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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 DEC 11 AM 10:43

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Address _____
Sender's Name Alkezon LLC Phone 752 437-5446
Company Alkezon LLC
Address 321 Forest Hill Dr.
City Tallahassee State FL ZIP 32303

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #) 300004718593--6
-12/11/01--01050--014
2. _____ (Corporation Name) (Document #) *****78.75 *****78.75
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

CR2E031(7/97)

101A65369

DEC 1 2 2001

ARTICLES OF INCORPORATION
OF
HADDING & DEGROODT, INC.

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The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation is HADDING & DEGROODT, INC., and its address is 3991 NORTH W STREET, #6, PENSACOLA, FL 32505.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. To do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

ARTICLE III CAPITAL STOCK

The aggregate number of shares which the corporation is authorized to issue is 1,000. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

Robert L. Hadding, Jr.
President \ Director
5900 West Jackson Street
Pensacola, FL 32506

Karen I. DeGroodt
Treasurer
10356 West Lake Road
Milton, FL 32583

Carl J. DeGroodt
Vice President \ Director
10356 West Lake Road
Milton, FL 32583

Deborah M. Hadding
Secretary
5900 West Jackson Street
Pensacola, FL 32506

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):

Robert L. Hadding, Jr.
5900 West Jackson Street
Pensacola, FL 32506

Carl J. DeGroodt
10356 West Lake Road
Milton, FL 32583

IN WITNESS WHEREOF, the undersigned incorporator (s) has (have) executed these Articles of Incorporation this 1st day of November, 2001

Signature(s) of Incorporator(s)

[Handwritten signatures of Robert L. Hadding, Jr. and Carl J. DeGroodt]

STATE OF FLORIDA
COUNTY OF ESCAMBIA

THE FOREGOING instrument was acknowledged and sworn to before me this 1st day of November, 2001,
by _____
Of _____

Notary Public

[Handwritten signature of Charles S. Williams]

My Commission Expires: _____



Charles S Williams
My Commission DD0003614
Expires March 24, 2005

CERTIFICATE DESIGNATING
REGISTERED AGENT\REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:
Hadding & DeGroodt, Inc.
2. The name and address of the registered agent and office is:

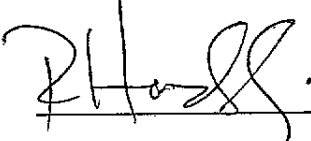
Robert L. Hadding, Jr.
5900 West Jackson Street
Pensacola, FL 32506

Signature 
(Corporate Officer)

Title Vice President

Date November 1, 2001

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THE CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE 
(Registered Agent)

DATE November 1, 2001

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