DO/000/20748 TRANSMITTAL LETTER

OI DEC 20 PM 4: 06
TALLAHASSEE, FITATE

Department of State Division of Corporati P. O. Box 6327 Tallahassee, FL 3231			TALLAHASS	YOU STATE EE, FLORIDA
SUBJECT:	HOME REMET) ES OF LAI ate name - must include suf	KELAND, IN	<u>C,</u>
Enclosed is an origina	l and one(1) copy of the articles			352 123005 *****78.75
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	Sol incorporation and a substitution of the su	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	JAMES A-E Name (Printed	BARBER	T A REQUIRED	ेर सम्बद्धाः इ.स. १९५६ - स्थिति । १९
	2625 ROYAL Address AKELAND F City, State 8	L 33801		s de eugens 1 de e
Barber GAN	863 - 68) - C Daytime Telephor	1644	<u>ander j</u> aren er en	28, 302

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

Brown





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 the corporation shall be:

HOME REMEDIES OF LAKELAND, INC.

ARTICLE II PRINCIPAL OFFICE

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

2625 ROYAL DR' LAKELAND, FL 33801

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARY M. HICKS

2625 ROYAL DR

LAKELAND, FL. 3380/

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

JAMES A. BARBER 2625 ROYAL DR. LAKELAND, FL. 33801

MARY M. HICKS 2625 ROYAL DR LAKELAND, FL. 33801

ARTICLE VI EFFECTIVE DATE

The effective date of this incorporation shall be:

JANUARY 2, 2002

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1944 day of December, 2001

(An additional article must be added if an effective date is requested.)

Signature

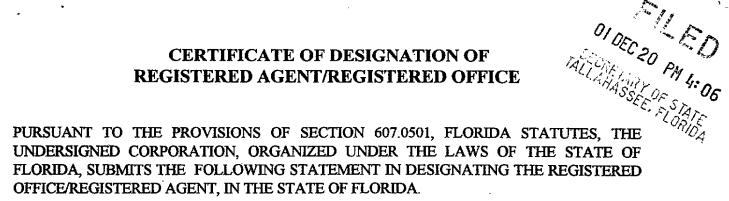
Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE



1.	The name of the corporation is HOME REMEDIES OF LAKELAND, INC.
2.	The name and address of the registered agent and office is:
	MARY M. HICKS (NAME)
	2625 ROYAL DR (P. O. Box of Mail Drop Box <u>NOT</u> acceptable)
	LAKELAND FL 3380/

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.