PD200052455

HANS CHARLES FEIGE

LAWYER
2 Office Park Drive Suite D
Palm Coast, FL 32137

Telephone (386) 446-0089 Fax (386) 446-0823

TRANSMITTAL LETTER

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

000005491920--4 -05/08/02--01047--007 *****78.75 ******78.75

409 East Gaines Street Tallahassee, FL 32399

April 26, 2002

Re: Hammock Title, Inc.

Enclosed please find the original and one copy of the Articles of Incorporation and our check for \$78.75 (Filing Fee & Certificate). Please return a copy of the Articles and the Certificate to the above address in the return envelope enclosed.

Very truly yours,

Hans Feige

Copy: Client

FILED

02 MAY -8 MILL 42

SECRETARY OF STATE
OF AN ANALYSISE FLORIDA

02 MAY -8 AM II: 42

SECRETARY OF STATE ARTICLES OF INCORPORATION TALLAHASSEE, FLORIDA

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 (NAME)

The name of this corporation shall be:

Hammock Title, Inc.

ARTICLE II (PRINCIPAL OFFICE)

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

2 Office Park Drive Suite D Palm Coast, FL 32137

ARTICLE III (SHARES)

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 no-par shares.

ARTICLE IV (INITIAL REGISTERED AGENT AND STREET ADDRESS)

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

Hans Charles Feige 25 Colorado Drive Palm Coast, FL 32137

ARTICLE V (INCORPORATOR)

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

Hans Charles Feige 2 Office Park Drive Suite D Palm Coast, FL 32137

Signature of Incorporator

1 26, 2002 Date

REGISTERED AGENT

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 of Registered Agent

Date

02 MAY -8 AM II: 42
SECRETARY OF STATE
TALL AND SSEE FLORIDA