

PO0000073050

CT CORPORATION

FILED
02 JUL -3 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Rauland Corporation of Florida

800006197858
-07/03/02-01042-007
*****70.00 *****70.00

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

7/3/02

Order#: 5462642

Ref#: _____

Amount: \$ _____

RECEIVED
02 JUL -3 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

7/3/02
[Handwritten initials]

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

Rauland Corporation of Florida

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

474 South North Lake Boulevard, Suite 1016, Altamonte Springs, Florida 32701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any and all lawful acts or activities for which corporations may be incorporated under the Florida statutes.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares of Common Stock, \$.001 par value per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

C T Corporation System

1200 South Pine Island Road, Plantation, Florida 33324

ARTICLE VII INCORPORATOR

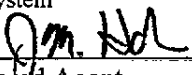
The name and address of the Incorporator is:

Marie E. Weichman, c/o Freeborn & Peters


311 South Wacker Drive, Suite 3000, Chicago, Illinois 60606

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

C T Corporation System

By:  **James M. Halpin**
Assistant Secretary

July 1, 2002
Date


Signature/Incorporator
Marie E. Weichman

July 1, 2002
Date