PO200081742 TRANSMITTAL LETTER

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

800006523238--3 -07/19/02--01026--006 *****78.75 *****78.75

SUBJECT: St. Lucie Rock Waterfalls, Inc.

(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 Filing Fee

____ \$78.75 Filing Fee &

Certificate

X \$78.75 Filing Fee &

Certified Copy

__\$131.25

Filing Fee, Certified Copy &

Certificate

FROM:

Thomas C. Cseak, Sr. and Ann Marie Cseak

4775 NW Gimlet Ave.

Port St. Lucie, FL 34983 772- 871-2017 W-21014

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

Pal 7/29



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 22, 2002

THOMAS C CSEAK SR 4775 NW GIMLET AVE PORT ST LUCIE, FL 34983

SUBJECT: ST. LUCIE ROCK WATERFALLS, INC.

Ref. Number: W02000021014

We have received your document for ST. LUCIE ROCK WATERFALLS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

LIST ONLY ONE REGISTERED AGENT IN ARTICLE IV AND ONE RASIGNATURE ON THE ACCEPTANCE PAGE.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Document Specialist New Filing Section

Letter Number: 602A00044542

ARTICLES OF INCORPORATION

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:

St. Lucie Rock Waterfalls, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4775 NW Gimlet Ave. Port St. Lucie, FL 34983

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Thomas C. Cseak, Sr. 4775 NW Gimlet Ave. Port St. Lucie, FL 34983

OZ JUL 29 PM IZ: 19
SECREJARY OF STATE

ARTICLE V INCORPORATOR(S)

The names and street address of the incorporators to these Articles of Incorporation are:

Thomas C. Cseak, Sr. and Ann Marie Cseak 4775 NW Gimlet Ave. Port St. Lucie, FL 34983

The undersigned incorporators have executed these Articles of Incorporation this 16th Day of July 2002.

Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF

REGISTERD AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUES, 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:

St. Lucie Rock Waterfalls, Inc.

2. The Name and address of the registered agent and office is:

Thomas C. Cseak, Sr.

4775 NW Gimlet Ave. Port St. Lucie, FL 34983

Daytime Phone #: 772-871-2017

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)

(Date)