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Florida Department of State

Division of Corporations

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Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257 Phone : (850)224-8870 Fax Number : (850)224-7047



FLORIDA PROFIT CORPORATION OR P.A.

G.N.P.M., INC.

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Capital Connection, Inc.

Department of State 8/1/2002 4:03 PAGE 1/1 Rightlax



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 1, 2002

YOUR CAPITAL CONNECTION, INC.

SUBJECT: G.N.P.M., INC.

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

G.N.P.M., INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is G.N.P.M., INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 426 Citrus Ln., Maitland, FL 32751.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-thousand (1,000) shares having a par value of (1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Hal Uhrig, Esq., 815 Orienta Avenue, Suite 2, Altamonte Springs, FL 32701.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Director of the corporation is Gwynne Murray, 426 Citrus Ln., Maitland, FL 32751.

ARTICLE VII: SPECIAL PROVISION

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

The undersigned has executed these Articles of Incorporation this 31st day of July 2002.

"Capital Connection, Inc. by Leilani White, Client Representative"

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0001, Fronties, submits the following states of the laws of the state of Florida, submits the following states registered office/registered agent, in the state of Florida.	tement in designating
1. The name of the corporation is: G.N.P.M., INC.	
2. The name and street address of the registered agent and office is:	
HAL UHRIG, ESQ., 815 ORIENTA AV	ENUE,
SVITE Z, ALTAMONTE SPRINGS,	FL 32701
HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT PROCESS FOR THE ABOVE STATED CORPORATION AT THE PL	ACE DESIGNATED IN
THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO	COMPLY WITH THE
PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AT PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AN OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.	ND COMPLETE

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