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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : HUBCO

Account Number : 104662003400 : (516)935-3940

Fax Number : (516)935-3088

FLORIDA PROFIT CORPORATION OR P.A.

Cox Associates, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

CA 12-119

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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:

Cox Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Cox Associates, Inc.

3355 Dorothea Road Jacksonville, FL 32216 02 DEC 18 AH 9: 02
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Algerine B. Cox 3355 Dorothea Road Jacksonville, FL 32216

Prepared By; Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940 5169353088

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ARTICLES V INCORPORATOR(S)

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

Elaine H. Cox 3355 Dorothea Road Jacksonville, FL 32216

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

10th day of December 2002.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Cox Associates, Inc.		
2. The name and address of the register	ed agent and office is:		
	Algerine B. Cox		
	Name		
	3355 Dorothea Road		
	(P.O. Box or Mail Drop Box NOT Acceptable)	<u> </u>	
	Jacksonville, FL 32216		4
	(City / State / Zip)		•
	ent and to accept service of process for the above sta		

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Algerine B. Cox **SIGNATURE**

December 10th, 2002

(Date)