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May 30, 2003

3):

| ·). | #### F #. T . A. ## # | CORPORATION NAME (S) AND DOCUMENT NUMBER (Somfort Zone HFG, Inc. |
|------|--|--|
| | Filing Evidence □ Plain/Confirmation Copy | Type of Document ☐ Certificate of Status |
| | ☑ Certified Copy | □ Certificate of Good Standing |
| | | □ Articles Only |
| | Retrieval Request Photocopy Certified Copy | □ All Charter Documents to Include Articles & Amendments □ Fictitious Name Certificate □ Other |
| | NEW FILINGS | AMENDMENTS |
| X | Profit | Amendment |
| | Non Profit | Resignation of RA Officer/Director |
| | Limited Liability | Change of Registered Agent |
| | Domestication | Dissolution/Withdrawal |
| | Other | Merger |
| | OTHER FILINGS | REGISTRATION/QUALIFICATION |
| | Annual Reports | Foreign |
| | Fictitious Name | Limited Liability |
| | Name Reservation | Reinstatement |
| | Reinstatement | Trademark |
| | | Other |

2003 MAY 30 PM 3: 1

ARTICLES OF INCORPORATION OF YOUR COMFORT ZONE HFG, INC.

The undersigned hereby organizes and subscribes to these Articles of Incorporation under the laws of Florida.

I.

The name of the corporation shall be:

YOUR COMFORT ZONE HFG, INC.

П.

The general purpose for which the corporation is organized shall include the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

III.

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

IV.

The corporation's principal office and registered office shall be:

16850 South Highway 441, Suite 407 Summerfield FL 34491

and the name of its initial Registered Agent at such address shall be:

KEVIN B. ROSEN

The corporation's mailing address shall be:

P.O. Box 830775 Ocala, FL 34483

The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

VI.

The name and address of the incorporator is:

KEVIN B. ROSEN 16850 South Highway 441, Suite 407 Summerfield FL 34491

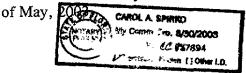
IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed this $\frac{\cancel{\cancel{5}}}{\cancel{\cancel{5}}}$ day of May, 2003.

STATE OF FLORIDA

COUNTY OF MARION

Before me, a Notary Public this day personally appeared KEVIN B. ROSEN, who is personally known to me or produced LO. La as identification, who executed the foregoing instrument and acknowledged before me the execution thereof for the uses and purposes therein stated and expressed.

WITNESS my hand and official seal at Ocala, Marion County, Florida, this



Notary Public, State of Florida

My Commission Expires:

Having been named Registered Agent of YOUR COMFORT ZONE HFG, INC., I hereby accept said office and agree to comply with the provisions of Chapter 607, Florida Statutes as same pertains to the office of Registered Agent.