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Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone : (850)224-8870 Fax Number : (850)224-7047

FLORIDA PROFIT CORPORATION OR P.A.

Adams Trim, Inc.

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CAPITAL CONNECTION

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ARTICLES OF INCORPORATION

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ADAMS TRIM. 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 shall be:

Adams Trim, Inc.

ARTICLE II PRINCIPAL OFFICE

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

34 S.W. Memorial Parkway Ft. Walton Beach, Florida 32548

ARTICLE III CAPITAL STOCK

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

10,000

ARTICLE IV INITIAL OFFICERS AND BOARD OF DIRECTORS

The name and address of the president, secretary and board of directors are:

Thomas C. Adams 34 S.W. Memorial Parkway Ft. Walton Beach, FL 32548

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ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

David A. Owen 1221 Airport Road, Suite 208 Destin, FL 32541

ARTICLE VI
NAME AND ADDRESS OF INITIAL REGISTERED AGENT

David A. Owen 1221 Airport Road, Suite 208 Destin, FL 32541

Incorporator

CAPITAL CONNECTION

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CERTIFICATE OF DESIGNATION 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 designating the registered office/registered agent, in the state of Florida.

The name of the corporation is: Adams Trim, Inc. The corporation is: Ada

David A. Owen 1221 Airport Road, Suite 208

Destin, FL 32541

SIGNATURE_

(Corporate Officer)

TITLE

Incorporator

DATE

9/03/03

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

9/03/03