Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000264666 6)))

Note: DO NOT hit the REFRESII/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : INCORPORATETIME.COM, INC. Account Number : I19990000221

Phone

: (631)224-9004

Fax Number

: (631)589-2848

FLORIDA PROFIT CORPORATION OR P.A.

L.D. COYSON, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$70.00 |

03 NOV -6 AM 8: 09

ARTICLES OF INCORPORATION

JEČKÉTARY OF STATE TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE 1 -NAME

THE NAME OF THE CORPORATION SHALL BE:

L.D. Corson, Inc.

ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

8990 Concord Road St. Cloud, FL 34773

ARTICLE III -SHARES

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

2000 shares at \$.01 par value

ARTICLE IV -INITIAL OFFICERS/DIRECTORS:

President/Director: Linwood D. Corson

8990 Concord Road, St. Cloud, FL 34773

ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the initial registered agent are:

Linwood D. Corson 8990 Concord Road St. Cloud, FL 34773

FILED

03 NOV -6 AH 8: 09

SEUNETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE VI-INCORPORATOR.

Bob Wilson

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

Kerry Walsh IncorporateTime.com, Inc. 5-37 Carleton Avenue, Suite 200 islip Terrace, NY 11752

Kerry Walsh, Incorporator

Having been named registered agent and to accept service of process for the above state. Corporation as the place designated in this certificate I haveby accept the apportiment 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.

Linwood D. Corson, Registered Agent

1/04/03 Date