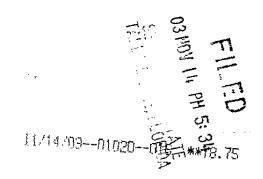
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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	DR Wood		UND OUTDOWN	
	(PROPOSED CORPORA	te name – <u>must incl</u> i	ude Suffix)	
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	d a check for:	
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Schuy Lar Name	Jonal (Printed or typed)		
Jacknowle Berch, R 32260 City, State & Zip Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION	FILED
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	03 NOV 14 PM 5: 35
ARTICLE I NAME	
The name of the corporation shall be:	SEUNE TALLAHASSEE, FLORIDA
DR. Wood ANC.	TALLATINOSILE, CLOSE
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3510 ISABELLA BLUD Journalle Beach, A 32250 ARTICLE III PURPOSE The purpose for which the corporation is organized is: NEW Brance	
ARTICLE IV SHARES The number of shares of stock is: 500 Shares	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Schlyler S Jones - President 3510 SSBELLA Blood Journal RL 32150	
ARTICLE VI REGISTERED AGENT	,
The name and Florida street address of the registered agent is:	
Schopler Junes 3510 LSABRUS Blood Jacksonville Beach, R 32250	
3510 A SABELLA 12000	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Schoplare Janes 3510 & SABELLA Block Joshonalla Black, & 32650	
*********************************	*********
Having been named as registered agent to accept service of process for the above stated corp certificate, I am familiar with and accept the appointment as registered agent and agree to act	oration at the place designated in this t in this capacity
Schuster and	11/12/03
Signature/Degistered Agent	Date
	11/10/02

Signature/Incorporator