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(Requestor's Name)

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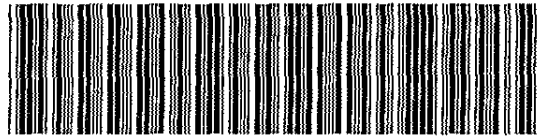
(Business Entity Name)

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## TRANSMITTAL LETTER

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

Subject: Thomas Jimmy Croft Inc

Enclosed is an original and one copy of the articles of incorporation and our check for \$122.50.

From:

Thomas Jimmy Croft  
60 Seacroft Road  
Santa Rosa Beach, FL 32459

03 NOV 20 PM 5:27

# *Articles of Incorporation*

*Of*

Thomas Jimmy Croft Inc.

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following articles of incorporation.

## *Article I - Name*

The Name of the corporation shall be:

Thomas Jimmy Croft Inc.

## *Article II - Principal Office*

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

60 Seacroft Road  
Santa Rosa Beach, FL 32459

## *Article III - Shares*

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

100

## ***Article IV – Registered Agent and Street Address***

The name and address of the initial registered agent is:

Thomas Jimmy Croft  
60 Seacroft Road  
Santa Rosa Beach, FL 32459

## ***Article V – Incorporators***

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

Thomas Jimmy Croft  
60 Seacroft Road  
Santa Rosa Beach, FL 32459

## ***Article VI – Effective Date***

The effective date which theses articles of incorporation will take effect is:

November 19, 2003

The undersigned incorporator(s) has(have) executed these articles of incorporation this 19<sup>th</sup> day of November 2003.

  
Signature

**Certificate of Designation**  
**Registered Agent/Registered Office**

Pursuant to the provisions of sections 607.0501 of 617.0501, 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.

1. The name of the Corporation is:

Thomas Jimmy Croft Inc.

The name and address of the registered agent and office is:

Thomas Jimmy Croft  
60 Seacroft Road  
Santa Rosa Beach, FL 32459

*Having been named as registered agent and to accept service of processing 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 am familiar with and accept the obligations of my position as registered agent.*

  
Signature

DATE: 11-19-03

03 NOV 20 PM 5:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA