P03000/43278

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (· Mariossy | | | | | |
| (Address) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| | | | | | |
| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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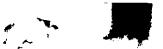
11/24/03 01033 017 **128.75

03 NOV 24 PM 4: 46
SECONDATION OF FLORIDA

TRANSMITTAL LETTER

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

| SUBJECT | CERTIFICATE OF DOMESTICATION (LENNON GROUP, INC.) | | | | | | |
|---|--|--|--|--|--|--|--|
| Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for: | | | | | | | |
| FEES: | | | | | | | |
| Art | rtificate of Domestication \$50.00 icles of Incorporation and Certified Copy \$78.75 al to domesticate and file \$128.75 | | | | | | |
| OPTIONAL: | | | | | | | |
| Cer | tificate of Status \$ 8.75 | | | | | | |
| FR | OM: BRAD LENNON | | | | | | |
| TA | Name (printed or typed) | | | | | | |
| | 1019 HOMEWOOD AVENUE | | | | | | |
| Address | | | | | | | |
| | MELBOURNE, FL 32940 | | | | | | |
| City, State & Zip | | | | | | | |
| | 321-757-6198 Daytime Telephone number | | | | | | |
| | | | | | | | |



CERTIFICATE OF DOMESTICATION

FILED

| Th | e undersigned, BRAD LENNON | , PRESIDENT | 03 NOV 24 PM, 4: 46 | | |
|------|---|----------------------------|-------------------------------|--|--|
| | (Name) | (Title) | | | |
| of | LENNON GROUP INC. | a fo | SECUL AND STATE PRINTED STATE | | |
| in a | (Corporation Name) accordance with s. 607.1801, Florida Statutes, does her | | ♣ ≒ | | |
| 1. | The date on which corporation was first formed was _ | MARCH 12 | | | |
| 2. | The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being wasSTATE OF OHIO | | | | |
| 3. | The name of the corporation immediately prior to the filing of this Certificate of Domestication was LENNON GROUP, INC. | | | | |
| 4. | The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to | | | | |
| | s. 607.0202 and 607.0401 with this certificate is LENNON GROUP, INC. | | | | |
| 5. | The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was STATE OF OHIO | | | | |
| 6. | Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801. | | | | |
| I aı | m_PRESIDENT, of LENNON GROUP, INC. | | | | |
| anc | am authorized to sign this Certificate of Domestication | n on behalf of the corpora | ation and have done | | |
| | this the 21 day of NOVEMBER | <u> </u> | , 2003 | | |
| | Authorized Signs | ature) | | | |
| | | | | | |

Filing Fee:

\$50.00

<u>\$78.75</u>

\$128.75

Certificate of Domestication
Articles of Incorporation and Certified Copy
Total to domesticate and file



ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED

03 NOV 24 PM 4: 46

SECRETARI OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: LENNON GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: 1019 HOMEWOOD AVENUE MELBOURNE, FL 32940

ARTICLE III **PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1,500 SHARES COMMON (PAR VALUE \$0.01 PER SHARE)

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: BRAD LENNÓN 1019 HOMEWOOD AVENUE MELBOURNE, FL 32940

INITIAL REGISTERED AGENT AND STREET ADDRESS **ARTICLE VI**

The name and Florida street address of the registered agent is: **BRAD LENNON** 1019 HOMEWOOD AVENUE MELBOURNE, FL 32940

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS: **BRAD LENNON** 1019 HOMEWOOD AVENUE MELBOURNE, FL 32940

| ************************************** | *************** |
|---|--|
| HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCES | SS FOR THE ABOVE STATED CORPORATION AT THE |
| PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE | APPOINTMENT AS REGISTERED AGENT AND AGREE TO |
| ACT IN THIS CAPACITY. | |
| Basil Dennice | 11-21-03 |
| Signature/Registered Agent | Date |
| Grand Dennen | 11-21-03 |
| Signature/Incorporator | Date |

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