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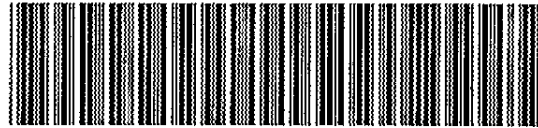
(Business Entity Name)

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02/16/04--01032--019 **78.75

FILED
04 FEB 16 PM 4:06
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32314

SUBJECT: WILLIAM MICHAEL MOORE SPECIALTIES INC.

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF
INCORPORATION AND OUR CHECK FOR \$78.75
FROM:

WILLIAM MICHAEL MOORE
16 MILTON RD
PENSACOLA , FL 32507

FILED
04 FEB 16 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

WILLIAM MICHAEL MOORE SPECIALTIES INC.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

WILLIAM MICHAEL MOORE SPECIALTIES INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS
CORPORATION SHALL BE:

16 MILTON RD
PENSACOLA, FL 32507

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS
AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS :

ONE THOUSAND (1000) SHARES

ARTICLE IV REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

WILLIAM MICHAEL MOORE
16 MILTON RD
PENSACOLA, FL 32507

ARTICLE V INCORPORATORS

THE NAME AND STREET ADDRESS OF THE INCORPORATORS TO THESE
ARTICLES OF INCORPORATION IS:

WILLIAM MICHAEL MOORE - PRESIDENT

16 MILTON RD

PENSACOLA, FL 32507

JOY LYNN MOORE - VICE PRESIDENT

16 MILTON RD

PENSACOLA, FL 32507

SHANNON WITTER - DIRECTOR

3629 ANDREWS AVE

PENSACOLA FL 32505

ARTHUR BRIGGS - DIRECTOR

505 DECATUR AVE

PENSACOLA, FL 32507

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF
INCORPORATION THIS 10TH DAY OF FEBRUARY, 2004


WILLIAM MICHAEL MOORE

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA

1. THE NAME OF THE CORPORATION WILLIAM MICHAEL MOORE SPECIALTIES INC.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE

WILILAM MICHAEL MOORE

16 MILTON RD

PENSACOLA, FL 32507

- 3 I HEREBY STATE THAT I AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES OF REGISTERED AGENT


WILLIAM MICHAEL MOORE

DATE 02-10-04