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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ARTICLES OF INCORPORATION

OF

Parker Topliff Ventures, Inc.

TALLAHASSEE, FIGURE

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is Parker Topliff Ventures, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation 17571 Rockefeller Circle, Fort Myers, Florida 33912.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) shares having a par value of one-dollar (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Kathleen Topliff, 574 Sanford Drive, Fort Myers, Florida 33919.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of Initial directors of the corporation is P/D Robert J. Parker, 1521

Maravilla Avenue, Fort Myers, Florida 33901. VP/D Jack Topliff, S/T Kathleen Topliff, 574

Sanford Drive, Fort Myers, Florida 33919.

The undersigned has executed these Articles of Incorporation this 8th day of April 2004. "Capital Connection, Inc. by, Leilani White, Client Representative"

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursua	ant to I	the p	rovisions	of Section	n 607.0501,	Florida	Statutes,	the	mentione
corpor	ation, c	organiz	ed under	the laws	of the State	of Flor	ida, submi	its the	following
statem	nent in d	lesign	ating the I	registered	office/registe	red ager	nt, in the S	tate of	Florida.
1.	The na	me of	the corpo	ration is:	Parker	- To/	oliff		
					Ventur	res ;	EInc.	<u></u>	
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2.	The na	me an	d street a	ddress of t	the registered	d agent a	ind office	r n	
			Kathleen	•			LAH	FORE AF	
			574 Sanfe Fort Myer	ord Drive rs, Florida	33919		SSE SSE	7 - 8 7 - 8	
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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

KATHLEEN TOPLIFF