

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212)431-5000  
Fax Number : (212)431-1441

**FLORIDA PROFIT CORPORATION OR P.A.**

**DOC HOLIDAY INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

DOC HOLIDAY INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
P.O BOX 1444 LADY LAKE, FL 32158

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:  
7,500 @ \$1.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
LELAND E. VANALSTINE, 12730 SE 78, TERRACE, BELLEVIEW, FL 34420

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
LELAND E. VANALSTINE, 12730 SE 78, TERRACE, BELLEVIEW, FL 34420

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
LELAND E. VANALSTINE, 12730 SE 78, TERRACE, BELLEVIEW, FL 34420

\*\*\*\*\*  
*Having been named as registered agent to accept service of process 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*

Leland E. Van Alstine  
Signature/Registered Agent

12-1-04  
Date

Leland E. Van Alstine  
Signature/Incorporator

12-1-04  
Date