

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346

SECRETARY OF STATE

FLORIDA PROFIT CORPORATION OR P.A

TIM BRUMM, INC.

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 5, 2005

FAS-T CORP. AGENTS, INC.

SUBJECT: TIM BRUMM, INC. REF: W0500000503

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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Justin M Shivers Document Specialist New Filings Section FAX Aud. #: H05000001882 Letter Number: 205A00000623

ARTICLES OF INCORPORATION

OF TIM BRUMM, INC. ARTICLE 1 - NAME

The name of the Corporation is: TIM BRUMM, INC.

ARTICLE II - DURATION

This corporation shall have a perpetual existence commencing on the Date of Filing.

ARTICLE III - PURPOSE

This corporation may engage in any activity of business permitted under the laws of the United States and the State of Florida

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 100 shares of one dollar(\$1.00) par value common stock, which shall be designated "Common Shares"

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered office of this corporation is: NE
TIMOTHY BRUMM, INC.
PO BOX 2619

BELLEVIEW, FL 34420

COC 19, F1 34474

The principal Place of business of the Corporation shall be:
PO BOX 2619

514 00 2nd Are

BELLEVIEW, FL 34420

514 0W 2nd Ave Ocala, Fl 34474

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This Corporation shall have one (1) Director initially. The number of Directors may be increased or decreased from time to time by the bylaws, but shall never have less than one (1). The name and address of the initial Director is:

Name: TIMOTHY BRUMM

> Deala, F1 34474

ADDRESS (Mailing PO BOX 2619 **BELLEVIEW, FL 34420**

ARTICLE VII - LAWS

The by-laws of this corporation may be adopted, altered, amended or repealed by either the Stockholder (8) or Director (8)

ARTICLE VIII - IDEMNIFICATION

The Corporation shall indemnify any Officer or Director, or any former officer or Director, to the full extent permitted by law.

ARTICLE IX PREEMPTIVE RIGHTS

Every Stockholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as which he/she already holds, shall have the right to purchase his/her prorated share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE X - INCORPORATOR

The persons signing these Articles is: TIMOTHY BRUMM.

ARTICLE XI - AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, in accordance with the provisions of the Florida General Corporation Act.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation, this 3RD DAY of JANUARY, 2005

TIMOTHY BRUMM

President

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statues, 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.

First that, TIM BRUMM, INC. to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation has named TIMOTHY BRUMM located at BELLEVIEW, Florida, County of MARION, State of Florida, as its agent to accept service of process within this state.

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 PORVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PREFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

TIMOTHY BRUMM, Agent

514 SW and Ave

Ocala, F1 34474

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