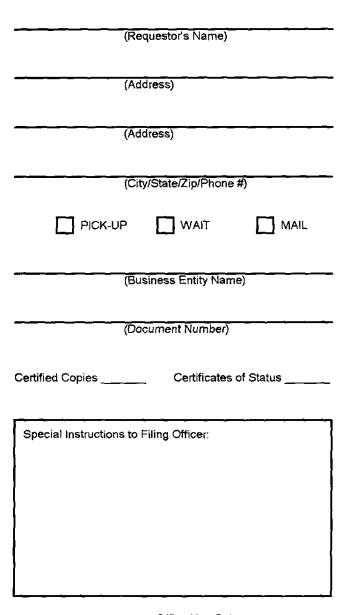
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Office Use Only

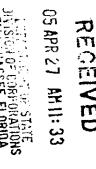


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### CAPITAL CONNECTION, INC.

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

Will Pick Up

Walk-In

Aury Enterprise Inc.	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
WC 4/27 /1:00	UCC 11 Search
Name Date Time	UCC 11 Retrieval

Courier

FILED SECRETARY OF STATE TALLAMASSET SECREDA

05 APR 27 PM 2: 00

## ARTICLES OF INCORPORATION OF AURY ENTERPRISE, INC.

THE UNDERSIGNED SUBSCRIBER (s) TO THESE ARTICLES OF INCORPORATION,
NATURAL PERSON (s) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER
THE LAWS OF THE STATE OF FLORIDA.

#### ARTICLE 1 - CORPORATE NAME

THE NAME OF THE CORPORATE IS AURY ENTERPRISE <u>, INC.</u>
THE PRINCIPLE MAILING ADDRESS OF CORPORATION IS; 11640 TANAGER DRIVE, JACKSONVILLE, FL. 32225
ARTICLE II - DURATION

THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED ACCORDING TO FLORIDA LAW.

#### ARTICLE III -PURPOSE

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

#### ARTICLE IV- CAPITAL STOCK

THE CORPORTATION IS AUTHORIZED TO ISSUE (five hundred) SHARES

(\_500\_\_\_\_) OF (one) DOLLAR (s) (\$\_1.00\_\_\_\_) PAR VALUE COMMON STOCK, WHICH SHALL

BE DESIGNATED "COMMON STOCK"

#### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

THE NAME AND A NAME; AURY SM		AL REGISTERED AGENT OF THIS CORPORATION IS:		
PRINCIPLE AND N	MAILING ADDRESS: 11	640 TANAGER DRIVE		
CITY: <u>JACKSONVI</u>	LLE, FLORIDA	ZIP 32225		
ARTICLE VI- INITIAL BOARD OF DIRECTORS				
DIRECTORS INITION DIMINISHED FRO	ALLY, THE NUMBER O OM TIME TO TIME BY T ADDRESS OF THE INT	ONE(I) F DIRECTORS MAY BE INCREASED OR HE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1). TAL DIRECTOR(s) OF THE		
NAME: <u>AURY SM</u> <u>NAME:</u> PRINCIPLE AND M	<u>YTH</u> MAILING ADDRESS: 1	1640 TANAGER DRIVE		
CITY: JACKSONY	VILLE FLORIDA	ZIP 32225		
NAME:				
PRINCIPLE AND N	MAILING ADDRESS:			
CITY; <u>FLOR</u>	IDA	<u> 21P</u>		
	Al	RTICLE VII - INCORPORATORS		
	DDRESSES OF THE PE ARE AS FOLLOWS:	RSON(s) SIGNING THESE ARTICLES OF		
NAME: AURY SMY NAME:	ТН			
PRINCIPLE AND N	AAILING ADDRESS: 116	40 TANAGER DRIVE		
CITY: JACKSONY	ILLE <u>FLORIDA</u>	ZIP 32225		
NAME: NAME:				
PRINCIPLE AND N	MAILING ADDRESS:			
СІТУ:	<u>FLORIDA</u>	<u> ZIP</u>		

#### CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF <u>AURY ENTEPRISE</u>, INC. (Name of corporation)

PURSUANT TO FLORIDA STATUE SECTIONS 48.091 AND 607.304, THE FOLLOWING SUBMITTED:

THE ABOVE CORPORTATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION

AT: 11640 TANAGER DRIVE, JACKSONVILLE, FL 32225

HAS NAMED: AURY SMYTH

LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS STATE.

**ACKNOWLEDGEMENT** 

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE.

I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS A REGISTERED AGENT.

SECNETARY OF \$25.5 TALL/SEARCH PM 2: 00

(Registered agent)

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER ( ARTICLES OF INCORPORATION THIS 24th DAY OF APRIL	(s) HAVE EXECUTED THESE		
	Chuy Son	yth	(SIGN)
		! 	(SIGN)
			(SIGN)
STATE OF FLORIDA			
COUNTY OF <u>DUVAL</u>			
BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE AC STATE AND COUNTY SET FORTH ABOVE PERSONALLY APP		0,	<b>Z</b> 2
NAME: AURY SMYTH		ن ح	

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE STATE AND COUNTY AFORESAID THIS DAY OF APRIL 24,2005.

KNOWN TO ME AND KNOWN TO BE THE PERSON (s) WHO EXECUTED THE FOREGOING

ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGE BEFORE ME THAT

(NOTARY SEAL) Sich Wibon

EXECUTED THESE ARTICLES OF INCORPORATION

(HE) OR (SHE)

(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)

LINDA L. WILSON MY COMMISION # DD 388354 MY COMMISION EXPIRES: JANAURY 20,2009 05 APR 27 PN 2: 00

LINDA L WILSON
Notary Public State of Florida
My Commission Expires Jan 20, 2009
Commission # DD 388354
Bonded By National Notary Assn.