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To:

Division of Corporations

Fax Number

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From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257 Phone : (850)224-8870 Fax Number : (850)224-7047

FLORIDA PROFIT CORPORATION OR P.A.

Dale Jacobs Holdings, Inc.

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ARTICLES OF INCORPORATION

OF

Dale Jacobs Holdings, Inc.

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 Dale Jacobs Holdings, Inc.

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ARTICLE II: PRINCIPAL OFFICE

The principal place of business is and mailing address of the corporation is 4915 Southfork Drive, Lakeland, FL 33813.

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 (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Dale G. Jacobs, 4915 Southfork Drive, Lakeland, FL 33813.

ARTICLE V: INCORPORATOR

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

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial Board of directors is President: Dale G. Jacobs, 4915 Southfork Drive, Lakeland, FL 33813.

ARTICLE VII: INDEMNIFICATION

The Corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law currently in effect or hereinafter enacted.

The undersigned has executed these Articles of Incorporation this 23rd day of August 2005. Your Capital Connection, Inc., by Stacey Piland, Client Representative

Stacy Plance

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CERTIFICATE OF DESIGNATION.

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation,

the registered office/registered agen			, 1	
1. The name of the corporation is:_	DALE	JACOBS	MOLDINGS,	TNG
				· · · · · · · · · · · · · · · · · · ·
2. The name and street address of the	he registered ag	ent and office is:		
Dale G. Jacobs	سسرون ال	S 11 C. J.	Miller	

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, THEREBY 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.

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