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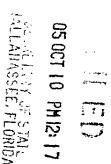
| (R | equestor's Name) | |
|-------------------------|---------------------|-------------|
| A) | ddress) | |
| (A | ddress) | |
| (0 | ity/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (B | usiness Entity Nar | ne) |
| | | |
| (C | locument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | o Filing Officer: | |
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Office Use Only



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All Interior

October 5, 2005

Florida Department of State Division of Corporations P.O.,Box 6327 Tallahassee, FL 32314 .

| | Re: | William O. Downs, | Inc. |
|---|--------------|----------------------------------|---------------------------------|
| | | | |
| Gentlemen: | | | |
| Enclosed please find the or check in the amount of \$70 | | ne copy of the Articles of l | Incorporation, together with my |
| This represents the cost of above named corporation. | f the Filing | Fees and Fee for Registe | ered Agent Designation for the |
| | V | ery truly yours. | |
| | | | |
| | | | |
| | _ | (Individual's Name | in |
| | | (maividuai 5 Maiik | -1 |
| | | | |
| | | | |
| | | William O, Do (Name of Corporati | wns, Inc. |
| | | | |
| | | MAILING ADDRES | S OF CORPORATION |
| | | 6055 Sanctuary C | Farden Blvd. |
| | | Port Orange, FL | 32128 |
| | | | ONE |
| | | (386) <u>760-1217</u> | ONE |
| | | Area Code Number | Ext. |

ARTICLES OF INCORPORATION

of

| | illiam O. Downs, Inc. | |
|--|--|-------------------------|
| | (name of corporation) | |
| The undersigned acting as the incorporator adopt(s) the following articles of incorporation | • | siness Corporation Act, |
| ARTIC | CLE I - CORPORATE NAME | |
| The name of the corporation is: | | 3. 品 |
| | Villiam Q. Downs, Inc. | - F 8 T |
| Af This corporation shall exist perpetually unl | RTICLE II - DURATION less dissolved according to Florida law. | BOT TO PHIS: 1 |
| A The corporation is organized for the purpor laws of the United States and the State of Flo | - + · · | 67 |
| The corporation is authorized to issue 10 | V - INITIAL PRINCIPAL OFFICE | |
| STREET ADDRESS | | |
| 6055 Sanctuary Garden Blvd. | | |
| CITY Port Orange | FLORIDA | ZIP 32128 |
| Mailing address, if different | | |
| STREET ADDRESS Same as above | | |
| | | |
| CITY | Z | IP |
| ARTICLE VI - INIT The street address of the initial registered of | FIAL REGISTERED OFFICE AND AGO office and the name of the initial register | |

FLORIDA

ZIP 32128

NAME

CITY

ADDRESS

William O. Downs

Port Orange

6055 Sanctuary Garden Blvd.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

| | liminished from time to time by the | | less than one (1). The names and | addre |
|--|--|--------------------------------|----------------------------------|--------|
| the initial of | director(s) of the corporation are as t | | | |
| NAME | William O. Downs | | | ·- |
| ADDRESS | 6055 Sanctuary Garden Blvd. | | | |
| CITY | Port Orange | STATE FL | ZIP 32128 | |
| NAME | | _ | | |
| ADDRESS | | | | |
| CITY | | STATE | ZIP | |
| NAME | | - | | , |
| ADDRESS | | - | | |
| CITY | | STATE | ZIP | • |
| | and address of the incorporators sig William O. Downs | ning these Articles of Incorpo | | |
| NAME | William O. Downs | | | |
| NAME ADDRESS | William O. Downs 6055 Sanctuary Garden Blvd. | - | | |
| NAME | William O. Downs | | | |
| NAME ADDRESS CITY NAME | William O. Downs 6055 Sanctuary Garden Blvd. | - | | |
| NAME ADDRESS CITY NAME | William O. Downs 6055 Sanctuary Garden Blvd. | - | | |
| NAME ADDRESS CITY NAME ADDRESS | William O. Downs 6055 Sanctuary Garden Blvd. | STATE FL STATE | ZIP 32128 ZIP | |
| NAME ADDRESS CITY NAME ADDRESS CITY | William O. Downs 6055 Sanctuary Garden Blvd. | STATE FL STATE | ZIP 32128 | |
| NAME ADDRESS CITY NAME ADDRESS CITY NAME | William O. Downs 6055 Sanctuary Garden Blvd. Port Orange | STATE FL STATE | ZIP 32128 ZIP | |
| NAME ADDRESS CITY NAME ADDRESS CITY NAME ADDRESS CITY | William O. Downs 6055 Sanctuary Garden Blvd. Port Orange | STATE FL STATE STATE | ZIP 32128 ZIP | |
| NAME ADDRESS CITY NAME ADDRESS CITY NAME ADDRESS CITY The unders | William O. Downs 6055 Sanctuary Garden Blvd. Port Orange signed incorporator(s) have executed | STATE FL STATE STATE | ZIP 32128 ZIP | |
| NAME ADDRESS CITY NAME ADDRESS CITY NAME ADDRESS CITY The unders | William O. Downs 6055 Sanctuary Garden Blvd. Port Orange | STATE FL STATE STATE | ZIP 32128 ZIP ZIP on this5th | ature) |
| NAME ADDRESS CITY NAME ADDRESS CITY NAME ADDRESS CITY The unders | William O. Downs 6055 Sanctuary Garden Blvd. Port Orange signed incorporator(s) have executed | STATE FL STATE STATE | ZIP 32128 ZIP | ature) |

_(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

OS DOT LO DATE

| | FALLAHASSEE, FLORIDA |
|----------------|---|
| | William O. Downs, Inc. |
| | |
| Pursuant of F | Florida Statutes Sections 48.091 and 607.0501, the following is submitted: |
| The above co | orporation, organized under the laws of the State of Florida with its registered office |
| as indicated i | in the Articles of Incorporation |
| at | 6055 Sanctuary Garden Blvd, |
| | Port Orange, FL 32128 |
| has named _ | William O. Downs |
| located at the | e aforesaid address, as its registered 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 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.

| WoDown | October 5, 2005 |
|-------------|-----------------|
| 000000 | <u> </u> |
| (Signature) | (Date) |