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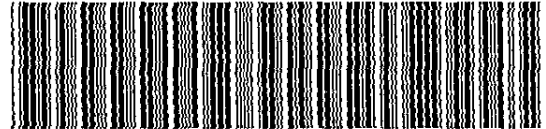
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05 DEC 27 AM 12:40  
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**TRANSMITTAL LETTER**

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

SUBJECT: ASHLEY D ELLERBE, INC.. (proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 78.75

FROM:

\_\_\_\_\_  
Name

\_\_\_\_\_  
ASHLEY D ELLERBE

\_\_\_\_\_  
Address

\_\_\_\_\_  
332 SEMINOLE ROAD

\_\_\_\_\_  
City, State, & Zip

\_\_\_\_\_  
ATLANTIC BEACH, FL 32233

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
904-982-7881

Note: Additional copy of articles is needed when certified copy is requested.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

**OF**

**ASHLEY D ELLERBE, INC.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

ASHLEY D ELLERBE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation shall be:

332 SEMINOLE ROAD  
ATLANTIC BEACH, FL 32233

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100,000

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV INITIAL REGISTERED  
AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

ALAN D LUCY

3679 BARBIZON CIRCLE SOUTH

JACKSONVILLE, FL 32257

**ARTICLE V INCORPORATOR(S)**

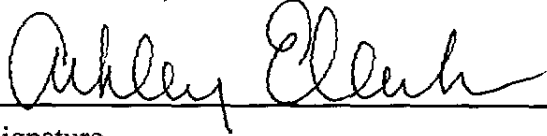
The name(s) and address(es) of the incorporator(s) to these  
Articles of Incorporation is(are)

ASHLEY D ELLERBE

332 SEMINOLE ROAD

ATLANTIC BEACH, FL 32233

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 19<sup>th</sup> day of DECEMBER, 2005.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, 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.

1. The name of the corporation is: ASHLEY D ELLERBE, INC.

2. The name and address of the registered agent and office is:

ALAN D LUCY

(Name)

3679 BARBIZON CIRCLE SOUTH

(Post Office Box *not* acceptable)

JACKSONVILLE, FL 32257

(City/State/Zip)

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TALLAHASSEE, FLORIDA

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*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*



(Signature)

12/12/05

(Date)