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Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

FLORIDA PROFIT/NON PROFIT CORPORATION

Paull Watson III Dist. Inc.

Certificate of Status	1
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DIVISION IN CONFERENCE

ARTICLES OF INCORPORATION

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:

Paull Watson III Dist. Inc.

ARTICLE II PRINCIPAL OFFICE

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

Paull Watson III Dist. Inc. 14426 Pond Place Drive Jacksonville, FL 32223

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Paull Watson 14426 Poud Place Drive Jacksonville, FL 32223 OF APR 13 AM 10: 21

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Paull Watson - President/Director 14426 Fond Place Drive Jacksonville, FL 32223

ARTICLES VI INCORPORATOR(S)

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

Paull Watson 14426 Pond Place Drive Jacksonville, FL 32223

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13th day of <u>April</u> 2006.

Pauli Watson - Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Pauli Watson III Dist. Inc.	· <u> </u>
2. The name and address of the registe	ered agent and office is:	
	Pauli Watson	
	Name	
	14426 Pond Place Drive	
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Jacksonville, FL 32223	
	(City / State / Zip)	

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

OF APR 13 AM 10: 21

Pauli Watson SIGNATURE April 13, 2006
(Date)