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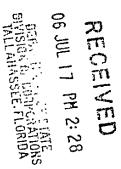
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SECRETARY OF STATE
TALLAMASSEE, FLORIDA

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#### ARTICLES OF INCORPORATION

OF

FILED

CAROLE McGURK CONSULTING, INC.

06 JUL 17 PM 1: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE I: Name

The name of this corporation is:

CAROLE McGURK CONSULTING, INC.

#### ARTICLE II: Principal Office

The principal place of business and mailing address of this corporation shall be:  $916-18^{th}$  Avenue N. E. St. Petersburg, Florida 33704

### ARTICLE III: Capital Stock

The maximum number of shares of stock that this corporation is authorized to have outstanding any time shall consist of 10,000 shares of common stock having a par value of \$1.00 per share.

## ARTICLE IV: Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

Carole T. McGurk. 916 – 18<sup>th</sup> Avenue N.E. St. Petersburg, Florida 33704

#### **ARTICLE V: Incorporator**

The name and street address of the incorporator to these Articles of Incorporation is:

Carole T. McGurk. 916 – 18<sup>th</sup> Avenue N.E. St. Petersburg, Florida 33704

The undersigned incorporator has executed these Articles of Incorporation this 11th day of July, 2006.

(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 FOLLWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Carole McGurk Consulting, Inc.

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

Carole T. McGurk. 916 – 18<sup>th</sup> Avenue N.E. St. Petersburg, Florida 33704

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

Date

FILED

SECRETARY OF STATE
SECRETARY OF STATE