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To:

Division of Corporations

Pax Number : (850)205-0381

Richman

Account Name : YOUR CAPITAL CONNECTION, INC.

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

FLORIDA PROFIT/NON PROFIT CORPORATION

BOB FLOYD'S CARPENTRY SERVICES, INC.

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ARTICLES OF INCORPORATION

OF

BOB FLOYD'S CARPENTRY SERVICES, 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 BOB FLOYD'S CARPENTRY SERVICES, INC.

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SECLETING UITSTATE
TALLAHASSEE, FLURIDA

ARTICLE II: PRINCIPAL OFFICE

The principal place of business is and mailing address of the corporation is P.O. Box 644, Loxahatchee, FL 33470.

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 Jon D. Derrevere, 470 Columbia Drive, Building "B", West Palm Beach, FL 33409.

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 Bob Floyd, P.O. Box 644, Loxabatchee, FL 33470.

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 14th day of August 2006. Your Capital Connection, Inc., by Stacey Piland, Client Representative

Store, Flano

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: Bob Floyd's Carpentry Servi	ces ,	Inc	, 	
	2-1			
2. The name and street address of the registered agent and office is: Jon D. Decrevece	SECKE	ok Aud	_	
470 Columbia Derve, Building "B"		=		
West Palm Beach, FL 33409		AM G		
HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE	A Constant	47		
PROCESS FOR THE ABOVE CORPORATION AT THE PLACE DESIGNATED CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED A AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH	IN THI GENT			
PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPIPER FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPTOBLIGATIONS OF MY POSITION AS REGISTERED AGENT.	LETE			