

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257

Phone : (850)224-8870 : (850)224-7047

Fax Number

FLORIDA PROFIT/NON PROFIT CORPORATION

Louis L. Holtz, Inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION

SECRETARY OF STATE

The undersigned incorporator, for the purposes of forming a corporation under the ALLAHASSEE, FLORIDA Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be:

Louis L. Holtz, Inc.

ARTICLE II: PRINCIPAL OFFICE

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

9209 Cromwell Park Place Orlando, FL 32789

ARTICLE III: SHARES

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

100 Shares Having No Par Value

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Louis L. Holtz 9209 Cromwell Park Place Orlando, FL 32789

ARTICLE V: INCORPORATOR

The mame and address of the incorporator to these Articles of Incorporation are:

Louis L. Holtz 9209 Cromwell Park Place Orlando, FL 32789 H07000078036 3

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ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the Directors is 17 MAR 26 PM 12: 26

> Louis L. Holtz 9209 Cromwell Park Place Orlando, FL 32789

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE VI: SPECIFIC PURPOSE FOR A PROFESSIONAL CORPORATION

The business purpose of the corporation shall be:

Any and all lawful business activities.

ARTICLE VII: EFFECTIVE DATE

The effective date of the corporation is April 1, 2007.

Signature/Incorporator

Having been named a registered agent and to accept services 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 and all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations as my position as registered agent.

Signature/Registered Agen

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