

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160
Phone : (800)494-3124
Fax Number : (561)455-9885

08 MAR 25 - AM 10: 16

SECRETARY OF STATE

FLORIDA PROFIT/NON PROFIT CORPORATION

ZONE 3, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ZONE 3, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3530 HENRIETTA STREET
JACKSONVILLE, FLORIDA 32209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

PRESIDENT
NORLISHA LAWRENCE
3530 HENRIETTA STREET
JACKSONVILLE, FLORIDA 32209

SECRETARY OF STATE DIVISION OF CORPORATIONS

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

NORLISHA LAWRENCE 3530 HENRIETTA STREET JACKSONVILLE, FLORIDA 32209

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

NORLISHA LAWRENCE 3530 HENRIETTA STREET JACKSONVILLE, FLORIDA 32209 OR MAR 25 AM 10: 16

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

NORLISHA LAWRENCE & Registered Agent

NORLISHA LAWRENCE /Incorporator

Date

Date