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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number: I20000000257 Phone : (850)224-8870

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#### FLORIDA PROFIT/NON PROFIT CORPORATION

Off-Premise Opportunities, Inc.

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## ARTICLES OF INCORPORATION OF

#### Off-Premise Opportunities, Inc.

2900 APR -8 PN 4: 25

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 Off-Premise Opportunities, Inc..

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 7 La Terraza, Lakeland, FL 33813.

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is twenty (20) shares.

#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Dale G. Jacobs, 4915 Southfork Drive, Lakeland, FL 33813.

#### ARTICLE V: OFFICERS & DIRECTORS

The name and address of the initial Officer and Director of the corporation is: Robert J. Swartzwelder, Director, 7 La Terraza, Lakeland, FL 33813.

#### ARTICLE VI: 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.

The undersigned has executed these Articles of Incorporation this 8th day of April 2008. "Your Capital Connection, Inc. by, Jeffrey Butterfield, Client Representative"

### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415. Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

I. The name	of the company i	s: OFF-PR	emise ops	SORIUNITY!	Sitne
2. The name		e registered agent 1. Fa. Jaco 1. TERRAZA	200		
	LAKE	LAND FU 3	3813		
PROCESS FOR THIS CERTICAND AGRED PROVISION PERFORMA	OR THE ABOVE FICATE, I HERE E TO ACT IN TH S OF ALL STAT NCE OF MY DU	STATED COMP BY ACCEPT TH BS CAPACITY. I UTES RELATING TIES AND I AM	'ANY AT THE P! IE APPOINTMEN FURTHER AGR B TO THE PROP	ACCEPT SERVIC LACE DESIGNA NT AS/REGISTER EE TO COMPLY ER AND COMPL IN AND ACCEPT	THD IN RED AGENT WITH THE LETE
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