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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 : I20070000160  
Phone : (800)494-3124  
Fax Number : (561)455-9885

DIVISION OF CORPORATIONS

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RECEIVED

FLORIDA PROFIT/NON PROFIT CORPORATION

Under the Sun Builders, Inc.

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

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DIVISION OF CORPORATIONS

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## **ARTICLES OF INCORPORATION**

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

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DIVISION OF CORPORATIONS  
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### **ARTICLE I NAME**

The name of the corporation shall be:

UNDER THE SUN BUILDERS, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

500 LOCK ROAD  
DEERFIELD, FLORIDA 33442

### **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:

DIRECTOR, PRESIDENT  
JEREMY BOND  
500 LOCK ROAD  
DEERFIELD, FLORIDA 33442

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PAGE 2 UNDER THE SUN BUILDERS, INC.

**ARTICLE VI REGISTERED AGENT**

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

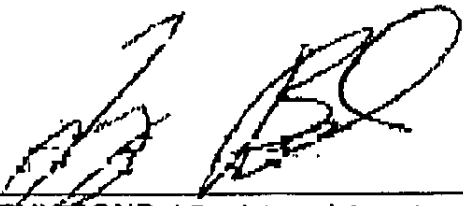
JEREMY BOND  
500 LOCK ROAD  
DEERFIELD, FLORIDA 33442

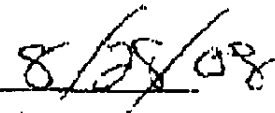
**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

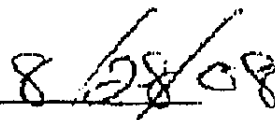
JEREMY BOND  
500 LOCK ROAD  
DEERFIELD, FLORIDA 33442

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.

  
\_\_\_\_\_  
JEREMY BOND / Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
JEREMY BOND / Incorporator

  
\_\_\_\_\_  
Date

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