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Florida Department of State  
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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

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**EAGLE CREST SUPPORT SERVICES, INC.**

Certificate of Status	0
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DIVISION OF CORPORATION

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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:

EAGLE CREST SUPPORT SERVICES, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

10128 HAVERFORD STREET  
JACKSONVILLE, FLORIDA 32218

### **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/are:

DIRECTOR  
TIFFANY BYRTS  
10128 HAVERFORD STREET  
JACKSONVILLE, FLORIDA 32218

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**ARTICLE VI REGISTERED AGENT**

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

TIFFANY BYRTS  
10128 HAVERFORD STREET  
JACKSONVILLE, FLORIDA 32218

**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

TIFFANY BYRTS  
10128 HAVERFORD STREET  
JACKSONVILLE, FLORIDA 32218

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.

  
TIFFANY BYRTS Registered Agent

12-17-2008  
Date

  
TIFFANY BYRTS Incorporator

12-10-2008  
Date

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