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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

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FLORIDA PROFIT/NON PROFIT CORPORATION

ANTHONY BROWN INC.

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

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TALLAHASSEE, FLORIDA
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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:

ANTHONY BROWN INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business address is:

8217 WATER TOWER DRIVE
TAMPA, FLORIDA 33619

The mailing address is:

PO BOX 290431
TAMPA, FLORIDA 33687

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TALLAHASSEE, FLORIDA

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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:

PRESIDENT

ANTHONY BROWN

PO BOX 290431

TAMPA, FLORIDA 33687

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PAGE 2 ANTHONY BROWN INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

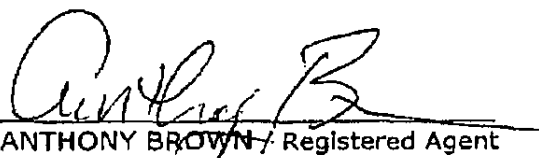
ANTHONY BROWN
8217 WATER TOWER DRIVE
TAMPA, FLORIDA 33619

ARTICLE VII INCORPORATOR

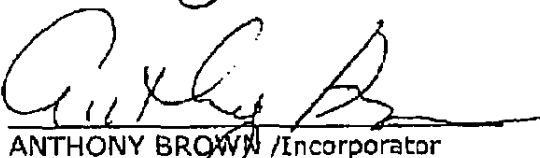
The name and Florida street address of the incorporator is:

ANTHONY BROWN
PO BOX 290431
TAMPA, FLORIDA 33687

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.


ANTHONY BROWN / Registered Agent

4/-09/09
Date


ANTHONY BROWN / Incorporator

4/9/09
Date

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