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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

LaVon Group, Inc.

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CAPITAL CONNECTION

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ARTICLES OF INCORPORATION OF

LaVon Group, Inc.

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 **LaVon Group, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **1012 Emerald Creek Drive, Valrico, Florida 33596**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Michael F. Kayusa, 2400 First Street, Suite 303, Fort Myers, FL 33901**

ARTICLE V: OFFICERS & DIRECTORS

The name and address of the initial Officer and Director of the corporation is:

Sherri L. Webber, Pres., Vice Pres., Sec., Treas., Post Office Box 38, Newberry FL, 32669

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 23rd day of June 2009.

"Your Capital Connection, Inc. by, Seth Neeley, Client Representative"



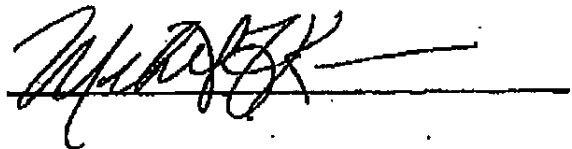
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

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.

1. The name of the company is: LaVon Group, Inc.

2. The name and address of the registered agent and office is: Michael F. Kavusa
2400 First Street, Suite 202
Fort Myers, FL 33901

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



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