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SECRETARY OF STATES

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Department of State Division of Corporations P O Box 6327 Tallahassee, Florida 32314

RE: 100 SOUTH DRIVE, INC

Enclosed is a check for \$ 78.75 together with two copies of the articles of incorporation of 100 SOUTH DRIVE, INC

Please return a certified copy to the registered agent of the corporation:

DAVID E. EKLUND 164 PALMETTO DRIVE MIAMI SPRINGS, FLORIDA 33166

Thank you for your attention to this request.

Sincerely,

ARTICLES OF INCORPORATION

OF

100 SOUTH DRIVE, INC

The undersigned incorporators, for the purpose of forming a corporation under the Florida Corporation Act, Hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

100 SOUTH DRIVE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:

164 PALMETTO DRIVE MIAMI SPRINGS, FLORIDA 33166

ARTICLE III CAPITAL STOCK

The number of Shares of Stock that this corporation is authorized to issue and have outstanding at any one time is:

10,000 (Ten Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent and the initial office of the corporation is:

DAVID E. EKLUND 164 PALMETTO DRIVE MIAMI SPRINGS, FLORIDA 33166



ARTICLE V OFFICERS AND/OR DIRECTORS

DAVID E. EKLUND P/D 164 PALMETTO DRIVE **MIAMI SPRINGS, FLORIDA 33166**

DAWN EKLUND T/D **164 PALMETTO DRIVE MIAMI SPRINGS, FLORIDA 33166**

ARTICLE VI INCORPORATORS

The name and street address of the incorporators to these Articles of Incorporation are:

DAVID E. EKLUND **164 PALMETTO DRIVE MIAMI SPRINGS, FLORIDA 33166**

The undersigned have executed these Articles of Incorporation this ____ Day of APRIL 2010.

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

Signature

Date