0000605 AUG. 12. 2010 cl Florida Department of State Division of Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H10000182128 3))) H1000018212834ECX Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (350)617-6380 From: ILED Account Name : CORPORATION SERVICE COMPANY Account Number : 12000000195 :6 HY Phone : (850)521-1000 Fax Number : (850)558-1515 **Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.** Enail Address: MERGER OR SHARE EXCHANGE

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ART	ICLES OF MERG (Profit Corporations)	SECRETARY OF ALLAHASSEE,
The following articles of merger are submi pursuant to section 607.1105, Florida Statu		Florida Business Corporatio
First. The name and prisdiction of the su	rviving corporation:	– • • •
Name	Jurisdiction	Document Number (If known/ applicable)
PRINCIPAL INVESTOR COMPANY	FLORIDA	P10000060540
Second: The name and jurisdiction of eac	h merging corporation:	
Name	Jurisdiction	Document Number (If known/applicable)
PRINCIPAL INVESTMENT	······································	
COMPANY	NEVADA	NV19931092303
Third: The Plan of Merger is attached. Fourth: The merger shall become effective Department of State.	ve on the date the Articles of	Merger are filed with the Florida
OR / / (Enter a speci	fic date. NOTE: An effective date after merger file date.)	cannot be prior to the date of filing or more
Fifth: Adoption of Merger by <u>surviving</u> The Plan of Merger was adopted by the sh	archolders of the surviving o	·····
The Plan of Merger was adopted by the sh The Plan of Merger was adopted by the bo	-	ing corporation on
The Plan of Merger was adopted by the sh The Plan of Merger was adopted by the bo	oard of directors of the surviv er approval was not required. corporation(s) (COMPLETE O)	ing corporation on NLY ONE STATEMENT)
The Plan of Merger was adopted by the sh The Plan of Merger was adopted by the ba and sharehold Sixth: Adoption of Merger by merging of The Plan of Merger was adopted by the sh The Plan of Merger was adopted by the ba	ard of directors of the surviv er approval was not required. corporation(s) (COMPLETE O) archolders of the merging co	ing corporation on NLY ONE STATEMENT) rporation(s) on <u>AUGUST 12, 2010</u> og corporation(s) on

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Name of Corporation	Signature of an Officer or Director	Typed or Printed Name of Individual & Title
PRINCIPAL INVESTOR	4 harron	
COMPANY	IIII	RANDOM R. BURNETT, VP
PRINCIPAL INVESTMEN	IT ALAA	~
COMPANY	HAV METTE	RANDOM R. BURNETT, VP
		·
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PLAN OF MERGER

(Non Subsidiaries)

The following plan of merger is submitted in compliance with section 607.1101, Florida Statutes, and in accordance with the laws of any other applicable jurisdiction of incorporation.

First: The name and jurisdiction of the surviving corporation:

Name	Jurisdiction
PRINCIPAL INVESTOR COMPANY	FLORIDA

Second: The name and jurisdiction of each merging corporation:

Name	Jurisdiction
PRINCIPAL INVESTMENT COMPANY	NEVADA
<u> </u>	, , , , , , , , , , , , , , , , ,
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Third: The terms and conditions of the merger are as follows:

The merging corporation has one shareholder which owns all issued and outstanding shares of stock in the merging corporation and the surviving corporation has the same sole shareholder which will own all issued and outstanding shares of stock in the surviving corporation.

Fourth: The manner and basis of converting the shares of each corporation into shares, obligations, or other securities of the surviving corporation or any other corporation or, in whole or in part, into each or other property and the manner and basis of converting rights to acquire shares of each corporation into rights to acquire shares, obligations, or other securities of the surviving or any other corporation or, in whole or in part, into each or other property are as follows:

(Attach additional sheets if necessary)