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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
RON HOWELL'S GUIDE SERVICE, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Ron Howell's Guide Service, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
11011 SHERIDAN STREET, STE 310
COOPER CITY, FL 33026

Mailing address, if different is:
P.O. Box 2027
Islamorada, Florida 33036-2027

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Start of new business.

ARTICLE IV SHARES
The number of shares of stock is: 100.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Ron Howell - President</u>	Name and Title: _____
Address: <u>P.O. Box 2027</u>	Address: _____
<u>Islamorada, Florida 33036-2027</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Ron Howell
Address: 11011 Sheridan Street
Cooper City, Florida 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Name: Herbert J. Kaplan C.P.A., P.A.
Address: 11011 Sheridan Street, Ste 310
Cooper City, Florida 33026

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

[Signature] Required Signature/Registered Agent 8/31/11 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature] Required Signature/Incorporator 8/31/11 Date

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