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To:

Division of Corporations

Fax Number

: (859)617-6381

From:

Account Name

: PYNE LAW GROUP

Account Number : 120110000059

Phone

: (850)215-9090

Fax Number

: (850)215-9045

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

Sugar Boogers, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

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DIVISION OF CORPORATION

11 OCT 28 AM II: 34

ARTICLES OF INCORPORATION

OF

Sugar Boogers, Inc.

ARTICLE ONE:

The name of this corporation is Sugar Boogers, Inc.

ARTICLE TWO:

The principal place of business and mailing address is 4028 Highway 389; Panama City, FL; 32405.

ARTICLE THREE:

The purpose of this corporation is to engage in any or all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

<u>ARTICLE FOUR:</u>

The total number of shares that the corporation is authorized to issue is 100 shares. Such shares shall be of a single class.

ARTICLE FIVE:

The name and address of the person who is appointed to act as the initial director and officer of this corporation is:

Stephanie D. Morrison – Director and President 4028 Highway 389 Panama City, FL 32405

ARTICLE SIX:

The liability of the directors of the corporation for monetary damages shall be eliminated to the fullest extent permissible under Florida law.

ARTICLE SEVEN:

The corporation is authorized to indemnify the directors and officers of the corporation to the fullest extent permissible under Florida law.

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F P. 3/3 SECRETARY OF STATE IVISION OF CORPORATIONS

11 OCT 28 AMII: 34

ARTICLE EIGHT:

The name and address in this state of the corporation's initial agent for service of process is:

Laura C. Pyne, C.P.A., J.D., LL.M. c/o Pyne Law Group, P.A. 2309 Frankford Avenue, Suite A Panama City, FL, 32405

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.

Required Signature / Registered Agent

Date

ARTICLE NINE:

The name and address of the Incorporator is:

Stephanie D. Morrison 4028 Highway 389 Panama City, FL, 32405

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.

Required Signature / Incorporator

/0/28/11 Date