(R	equestor's Name)				
(Address)					
(A	ddress)				
(C	ity/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
В	usiness Entity Nam	e)			
(Document Number)					
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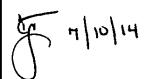
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ACCOUNT NO. : 12000000195 REFERENCE: 208255 4731395 AUTHORIZATION :C COST LIMIT : ORDER DATE : July 8, 2014 ORDER TIME : 8:43 AM ORDER NO. : 208255-010 CUSTOMER NO: 4731395 DOMESTIC FILING NAME: SAWMILL CAPITAL CORP EFFECTIVE DATE: XX ARTICLES OF INCORPORATION \_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Courtney Williams - EXT. 62925

EXAMINER'S INITIALS:

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

FILED

name of the corpo	AME Sawmill Capital pration shall be:			JUL			
	RINCIPAL OFFICE Principal <u>street</u> address	Mailing addres	SEC ss. <b>Túln</b> l	RET;	ARY ( SSEE	OF S E, FL	TA OK
0 Alden Woods	Circle						
les, FL 34113							
					_		
CICLE III PL	IRPOSE  h the corporation is organized is:	Residential Home Building	·		<del></del>		
							-
							-
							_
TICLE IV SI	HARES 200						-
number of shares	of stock is:  WITIAL OFFICERS AND/OR I	DIRECTORS					-
number of shares	of stock is:  WITIAL OFFICERS AND/OR I  itle:  6620 Alden Meeds Circle	DIRECTORS  It Name and Title:					-
number of shares	of stock is:  WITIAL OFFICERS AND/OR I itle:  6630 Alden Woods Circle	DIRECTORS					-
Name and T	of stock is:  WITIAL OFFICERS AND/OR I  itle:  6620 Alden Meeds Circle	DIRECTORS  It Name and Title:					-
Name and T	MITIAL OFFICERS AND/OR Intel Anthony Sabino, Presiden 6630 Alden Woods Circle Naples, FL 34113	DIRECTORS  It Name and Title:					-
Name and T Address	MITIAL OFFICERS AND/OR Intel Anthony Sabino, Presiden 6630 Alden Woods Circle Naples, FL 34113	DIRECTORS  It Name and Title:  Address:				Antonio	-
Name and Tit	of stock is:  WITIAL OFFICERS AND/OR Intel Anthony Sabino, Presiden 6630 Alden Woods Circle Naples, FL 34113  Anthony Sabino, Director	Name and Title:   Address:					-
Name and Tit  Address  Name and Tit  Address	MITIAL OFFICERS AND/OR Intel: Anthony Sabino, President 6630 Alden Woods Circle Naples, FL 34113 Anthony Sabino, Director 6630 Alden Woods Circle Naples, FL 34113	Name and Title:   Address:   Name and Title:   Name and Title:   Name and Title:   Address:   Name and Title:   Name and Titl					
Name and Tit  Address  Name and Tit  Address	MITIAL OFFICERS AND/OR Intel: Anthony Sabino, President 6630 Alden Woods Circle Naples, FL 34113 Anthony Sabino, Director 6630 Alden Woods Circle Naples, FL 34113	Name and Title:   Address:					
Name and Tit  Address  Name and Tit  Address	MITIAL OFFICERS AND/OR Intel: Anthony Sabino, President 6630 Alden Woods Circle Naples, FL 34113 Anthony Sabino, Director 6630 Alden Woods Circle Naples, FL 34113	DIRECTORS  Name and Title:  Address:  Name and Title:  Address:  Name and Title:					

Name an	d Title	Name and Title:
Address		Address:
ARTICLE VI The name and F	REGISTERED AGENT  Iorida street address (P.O. Box NOT acceptable) of	of the registered agent is:
Name:	Corporation Service Company	
Address:	1201 Hays Street	_
	Tallahassee, FL 32301	_
ARTICLE VII	INCORPORATOR	
The name and ac	ddress of the Incorporator is:	
Name:	Anthony Sabino	
Address:	6630 Alden Woods Circle	_
	Naples, FL 34113	_
this certificate, I Corporation S  By:  By:  I submit this doc	am familiar with and accept the appointment as reervice Company  Required Signature Registered Agent	SST VP Date  True. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.  7/8/14

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SECRETARY OF STATE TALLMIASSEE, FLORIDA