From: Licenses Etc.

Florida Department of State

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To:

Division of Corporations

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From:

Account Name : LICENSES ETC INC Account Number : 120070000159

Account Number
Phone

: (239)777-1028

Fax Number : (877)275-3593

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

Email Address: etc@licensesetc.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Cawthra Consulting & Appraisals, Inc.

Certificate of Status	1
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Florida Department of State
Division of Corporations, Corporate Filings
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please accept this letter as authorization for the business name <u>Cawthra Consulting & Appraisals</u>, <u>Inc.</u> to be released to myself, Charles Cawthra III. The original company name with FEIN # 65-0538821 has recently changed its name to <u>Cawthra Building Group</u>, <u>Inc.</u>, however, I still wish to keep the business name <u>Cawthra Consulting & Appraisals</u>, <u>Inc.</u> with a new FEIN number as a brand new entity.

This should be everything that you will need in order to successfully release the name for my use. If you have any additional questions, please contact my associate Lisa Adams at (239) 777-8321.

Thank you for your assistance,

Charles Edward Cawthra III

President of Cawthra Consulting & Appraisals, Inc.

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SECRETARY OF STATE
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ARTICLES OF INCORPORATION

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

CLE I NAME ame of the corporation shal	be: Cawthra Cons			
ICLE II PRINCIPAL O	OFFICE al <u>street</u> address		Mailing address, if different is:	
4521 PGA Blvd., #194			4521 PGA Blvd., #194	
Palm Beach Gardens, FL 33418		Pa	alm Beach Gardens, FL	
ICLE III PURPOSE ourpose for which the corpor	ation is organized is:An	y and all lav	wful business.	
		· · · · · · · · · · · · · · · · · · ·		
ICLE IV SHARES umber of shares of stock is:	1,000			
ICLE IV SHARES anniber of shares of stock is:	1,000			
	1,000 ICERS AND/OR DIRECTORS	<u> </u>		
ICLE V INITIAL OFF	ICERS AND/OR DIRECTORS	-	Тию:	
Name and Title: Cha	ICERS AND/OR DIRECTORS	Name and	Title:	
Name and Title: Cha Address 327	<i>ICERS AND/OR DIRECTOR</i> rles E. Cawthra III, P	Name and Address:		
Name and Title: Cha Address 327	i <u>CERS AND/OR DIRECTOR:</u> rles E. Cawthra III, P Salinas Dr.	Name and Address:		
Name and Title: Cha Address 327 Palm	rles E. Cawthra III, P Salinas Dr. Beach Gardens, FL	Name and Address: 33410		
Name and Title: Cha Address 327 Palm Name and Title:	rles E. Cawthra III, P Salinas Dr. Beach Gardens, FL	Name and Address: 33410 Name and	l'itle:	
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Name and Title: Cha Address 327 Palm Name and Title: Address	rles E. Cawthra III, P Salinas Dr. Beach Gardens, FL	Name and Address: 33410 Name and Address: Name and Address:	Fitle:	

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Name an	d Title:	Name and Title:	
Address		Address:	
			
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered age	nt is:
Name:	Charles E. Cawthra III	_	
Address:	327 Salinas Dr.	· 	
	Palm Beach Gardens, FL 33410		
	,		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ac	Idress of the Incorporator is:		
Name:	Charles E. Cawthra III		
Address:	327 Salinas Dr.		
	Palm Beach Gardens, FL 3341	<u>0</u>	
ARTICLE VIII	EFFECTIVE DATE;		
Effective date, if	other than the date of filing:	(OP	TIONAL)
days after the fil	late is listed, the date must be specific and cann ling.)	of be more than fi	ve business days prior or 90 business
	inserted in this block does not meet the applicable flective date on the Department of State's records		quirements, this date will not be listed as
	ned as registered agent to accept service of proces am familiar with and accept the appointment as re		
	-		10/02/2015
	Required Signature/Registered Agent		Date
	unnent and affirm that the facts stated herein an		
uocament to the 1	Department of State constitutes a third degree feld	ny as proviaea for i	u s.817.133, F.3.
	-C-C		10/02/2015
Requi	red Signature/Incorporator		Date