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FLORIDA PROFIT/NON PROFIT CORPORATION  
NEBRA ENTERPRISES INC

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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**NEBRA ENTERPRISES INC**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**7643 GATE PARKWAY  
SUITE 104-570  
JACKSONVILLE, FL 32256**

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### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**1500@ No Par Value**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**GRAYSON OSGOOD  
7643 GATE PARKWAY  
SUITE 104-570  
JACKSONVILLE, FL 32256**

*Prepared By:*

**Bruce B. Hubbard**

**238 W. Jericho Turnpike**

**Huntington Station, NY 11746**

**1-516-935-3940**

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**ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)**

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

GRAYSON OSGOOD-PRESIDENT/DIRECTOR  
7643 GATE PARKWAY  
SUITE 104-570  
JACKSONVILLE, FL 32256

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

GRAYSON OSGOOD  
7643 GATE PARKWAY  
SUITE 104-570  
JACKSONVILLE, FL 32256

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19TH day of DECEMBER 20 16

  
GRAYSON OSGOOD

Signature

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE  
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **NEBRA ENTERPRISES INC**

2. The name and address of the registered agent and office is:

**GRAYSON OSGOOD**

Name

**7643 GATE PARKWAY, SUITE 104-570**

(P.O. Box or Mail Drop Box NOT Acceptable)

**JACKSONVILLE, FLORIDA 32256**

(City / State / Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
**GRAYSON OSGOOD**  
SIGNATURE

**12/19/2016**

(Date)

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