P95000000929

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

2000 100 1 3 6 2 3 5 2 12/2 1/34-0000 - 000 ++++18.75 ++++18.75

| Enclose for: | ed is an origina \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate | y of the articles of \$122.50 Filing Fee & Certified Copy | \$131.25 Filing Fee, Certified Copy & Certificate | FILED H 3 |
|---------------------|--------------------------------------|--|---|---|--------------------------|
| Mailing | FROM | | May Med | PAVIS | 1/AV |
| P.O. BOX TAX, FI | 32203 | TAN | Address (SON V: / | 16 F/ 322 | 3u:te 18 2 5 6 |
| by miss age | 4-7- | (909) 3 <u>-</u> Daytim | 53 - 627: e Telephone number | 5 | |

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

December 28, 1994

KAYNN A DAVIS PO BOX 43264 JACKSONVILLE, FL 32203

SUBJECT: FRESHNESS INC. Ref. Number: W94000027349

We have received your document for FRESHNESS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6919.

Letter Number: 594A00054483

Beth Register Corporate Specialist Supervisor

ARTICLES OF INCORPORATION SERVICES OF INCORP

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: FRESLNESS Inc.

ARTICLE II PRINCIPAL OFFICE

| 5.5 | |
|---------|--|
| | The principal place of business and mailing address of this corporation shall be: |
| | 7901 BAYMEA LOWS WAY Suite 18 JACKSONVIlle, Fl 32256 |
| | JACKSONVILLE F/ 32256 |
| Mailing | P.O. Box 43264 ARTICLE III SHARES JAX, F/ 32203 The number of charge of stock that this corneration is authorized to have outstanding at |
| | JAX, F/ 32203 |
| | The number of shares of stock that this corporation is authorized to have outstanding at any one time is: |
| | 100 |

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

| The name and address of the initial registered agent is: | inn Audeer Davis |
|--|----------------------------|
| 1901 BAYMEROOWS WAY | ## 1042 W. |
| (Mailing) P.O. Box 43264 | TACKSONV. 1/e, Fl 32209 |
| TAK F1 32203 | P1 32209 |

ARTICLE Y INCORPORATOR(S)

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

2 nd day of Docember 1994.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PUNDUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATIJIES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. | The name of the corporation is: FREShures Trac. |
|----|---|
| 2. | The name and address of the registered agent and office is: |
| | (Name) (Name) (O42 West 18th 5th (P.O. Box not acceptable) |
| | TACKSONVILLO FLORIDA 32203 (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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

(Date)