CAPITAL CONNECTION, INC.

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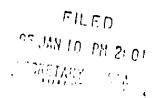
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THANK YOU from Your Capital Connu Illon

ARTICLES OF INCORPORATION OF CASCO AMARILLO, INC.



The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

CASCO AMARILLO, INC.

ARTICLE II - PRINCIPAL OFFICE

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

Gerhardt A. Schreiber 890 South Dixie Highway Coral Gables, Florida 33146

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is Five Hundred (500) at One Dollar (\$1.00) par value.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Gerhardt A. Schreiber 890 South Dixie Highway Coral Gables, Florida 33146

ARTICLE V - INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is:

Gerhardt A. Schreiber 890 South Dixie Highway Coral Gables, Florida 33146

The undersigned has executed these Articles of Incorporation this 🛫 day of January, 1995.

Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, 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: CASCO AMARILLO, INC.
- 2. The name and address of the registered agent and office is:

Gerhardt A. Schreiber 890 South Dixie Highway Coral Gables, Florida 33146

SIGNATU	JRE: <u>70.1 + 1/2</u>	
TITLE: _	11. Companie	
DATE: _	1/9/46	

HAVING BEEN NAMED A 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 ACCEPT 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:		- Whor the
DATE:	1-11-15	