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SECRETARY OF STATE  
TALLAHASSEE, FL

SE ONLY

H. Swerlow Esq  
PO Box 541271  
McCall Island FL  
32954

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(Corporation Name) (Document #)
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- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
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NEW FILINGS	
<input type="checkbox"/>	Profit
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<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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MCHESSER JAN 31 1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

January 17, 1995

HOWARD M SWERDILOW  
P O BOX 541271  
MERRITT ISLAND, FL 32954

SUBJECT: MEADOWBANK INC  
Ref. Number: W9500001111

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1995 JAN 31 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Written approval and clearance of the terms BANK, BANKER, BANC, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION must be obtained from the Division of Banking and Finance, pursuant to section 655.922(2a), Florida Statutes. The address is:

Division of Banking  
Director's Office  
Suite 1401, The Capitol  
Tallahassee, FL 32399-0350  
(904) 488-1410.

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) 487-6904.

Freida Chesser  
Corporate Specialist

Letter Number: 695A00001787

**ARTICLES OF INCORPORATION**

**MEADOWBRANK INC.**

The undersigned incorporator, 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: Meadowbrank Inc.

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TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

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

900 Airport Rd.  
Merritt Island, FL 32952

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of no par value stock.

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

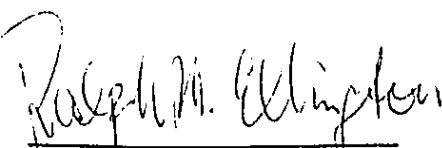
HOWARD M. SWERBILOW  
800 E. Merritt Island Cswy  
Suite 200  
Merritt Island, FL. 32952

ARTICLE V INCORPORATION (S)

The name and street address of the incorporation to these Articles  
of Incorporation is:

Ralph M. Ellington  
900 Airport Rd  
Merritt Island, FL 32952

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

  
\_\_\_\_\_  
RALPH M. ELLINGTON


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

Howard M. Swerbilow, Esq.  
800 E. Merritt Island Cswy.  
Suite 200  
Merritt Island, FL. 32952

SIGNATURE

  
HOWARD M. SWERBILOW, Esq.

TITLE

Attorney

DATE

01/09/95

HAVING BEEN NAMES 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

  
HOWARD M. SWERBILOW, Esq.

DATE:

01/09/95

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