P9500010071

CHARLES E. THORPE, INC. 304 Lake Doe Boulevard Apopka, Florida 32703

July 21, 1994

Secretary of State Division of Corporation P.O. Box 6327 Tallahassee, Fl 32314 300001396563 -02/02/95--01082--019 ****122.50 ****122.50

Re: Charles E. Thorpe, Inc.

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the filing fees, certified copy of the Articles of Incorporation and fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Charles E. Thorpe President

/nb Encls. SECT TAR CORPORATIONS
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ARTICLES OF INCORPORATION

of

CHARLES E. THORPE, INC. (name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is: CHARLES E. THORPE, INC. 304 Lake Doe Boulevard, Apopka, Florida 32703

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of (One) Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this Corporation is:

Name	Charles E. Thorpe				
Address	304 Lake D	oe Boulevard			
City	Apopka	Florida	Zip	32703	

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The name and address of the initial director(s) of the corporation are as follows:

Name	Charles E.	Thorpe -	President	·	
Address	304 Lake Do	e Boulevard			
City	Apopka	Florida	Zip	32703	
Name	Kathy A. Th	orpe -	Vice President		·
Address	304 Lake Do	e Boulevard		,	
City	Apopka	Florida	Zip	32703	

ARTICLE VII - INCORPORATORS

The name and address of the person(s) signing these articles of Incorporation are as follows:

Name	<u>Charles E</u>	. Thorpe -	President		
Address	304 Lake_	Doe Boulevard			
City	Apopka	Florida	Zip	32703	
Name	Kathy A.	Thorpe -	Vice President		
<u>Address</u>	304 Lake	Doe Boulevard	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
City	Apopka	Florida	Zip	32703	

IN WITNESS WHEREOF, the undersigned these Articles of Incorporation thing 99.				
STATE OF FLORIDA) COUNTY OF Onenge)				
before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared Charles E. Thompse & Lathy A Thompse				
known to me and known to be the per foregoing Articles of Incorporation me that They executed these Arti	, and who acknowledged before			
IN WITNESS WHEREOF, I have hereunto the State and County aforesaid, thi 19 24.	affixed my hand and seal, in s 16th day of August,			
(Notary Seal) Notar at La	y Public, State of Florida			
	mmission expires: 4-13-95 Ty # CC-088807			

CERTIFICATE AND ACKNOWLEDGEMENT

OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

CHARLES E. THORPE, INC.

Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

	···				
at	304 Lake Doe Boulevard				
	Apopka Florida	32703			
has	named Charles E. Thorpe				
	ated at the aforesaid address, ept service of process within				

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in Reeping open said office.

(registered agent)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** P95000010071 DOCUMENT # 96 SEP 25 1M 10: 48 1. Corporation Name CHARLES E. THORPE, INC. Mailing Address Principal Place of Business 304 LAKE DOE BLVD. 304 LAKE DOE BLVD. APOPKA FL 32703 APOPKA FL 32703 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, II Applicable Date Incorporated or Qualified
 To Do Business in Florida 2. New Principal Office Address, If Applicable 02/02/1995 Suite, Apt. #, etc. Suite. Apt. #, etc. Applied For 5. FEI Number Not Applicable City & State City & State antry CERTIFICATE OF STA. 3 DESIRED tracia con titicate sel colate Zip Country car and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Stroet Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) APOPKA FL 32703 304 LAKE DOE BLVD. THORPE, CHARLES E PD APOPKA FL 32703 304 LAKE DOE BLVD. THORPE, KATHY A VD 10000197521 -10/15/96--01216--005 ****375.00 ****375.00 9. Name and Activess of New Registered Agent 8. Name and Address of Current Registered Agent THORPE, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 304 LAKE DOE BLVD. APOPKA FL 32703 Suite, Apt. #, Etc.

10. 1, being appointed the registered agent of the space of mod corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent MUST SIGN

Date 9/3/1/9/0

 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

Yes V No

(See other side for Information on Intangible tax.)

Zip Code

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119,07(3)(i), F.S. The information Indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under each.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20196

407-834-35K