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SWANSON, SPERLING & CLAYTON, P.A.

CYNTHIA STUMP SWANSON • SHARON T. SPERLING • JOYE M. CLAYTON
500 East University Avenue • Suite C • Gainesville, Florida 32601 • (904) 375-5602 • (904) 373-7292 FAX

February 21, 1995

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

Re: CU Regulatory Services, Inc.

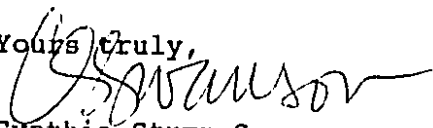
900001413639
-02/23/95--01066--016
*****70.00 *****70.00

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Articles of Incorporation for filing. Also enclosed is a check in the amount of \$70.00, for the payment of the following fees:

Filing Fee: \$35.00
Registered Agent Designation: \$35.00

Thank you for your cooperation in filing these Articles.

Yours truly,

Cynthia Stump Swanson

CSS/hap
Enclosure
cc: Cheryl Marzolf

FILED
95 FEB 23 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

114
2-23-95

ARTICLES OF INCORPORATION
OF
CU REGULATORY SERVICES, INC.

FILED
95 FEB 23 PM 3:05
RECEIVED
TALLAHASSEE

ARTICLE I - NAME

The name of this corporation is CU Regulatory Services, Inc.

ARTICLE II - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office of this corporation is 6233 NW 34th Drive, Gainesville, FL 32653. The mailing address is the same.

ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue 100 shares of no par value common stock, all of which shall be of a single class.

ARTICLE IV - AMENDMENT OF ARTICLES OF INCORPORATION

Amendment of these Articles of Incorporation to increase or decrease the authorized number of, or to change the designations, preferences, qualifications, limitations, restrictions, or special or relative rights of any of the classes of stock or to create any new class or classes of stock shall require the affirmative vote or written consent of the holders of at least sixty percent of each class of shares.

ARTICLE V - BYLAWS

The power to adopt, alter, amend or appeal Bylaws shall be vested in the shareholders of this corporation.

ARTICLE VI - INDEMNIFICATION

The corporation shall indemnify any officer or director and any former officer or director to the full extent permitted by law.

ARTICLE VII - INCORPORATOR

The name and address of the person signing these Articles is:

CHERYL SCOTT MARZOLF
6233 NW 34th Drive
Gainesville, FL 32653

ARTICLE VIII - INITIAL REGISTERED AGENT AND OFFICE

The corporation names the following person as its registered agent to accept service of process within this state, and the following as its registered office:

CHERYL SCOTT MARZOLF
6233 NW 34th Drive
Gainesville, FL 32653

ACKNOWLEDGMENT: Having been named to accept service of process for the above named corporation, at the place designated herein, I hereby agree to act in this capacity and agree to comply with the provisions of the Florida Statutes relative to keeping open the registered office.

Cheryl Scott Marzolf
CHERYL SCOTT MARZOLF
Registered Agent

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 15th day of February, 1995.

Cheryl Scott Marzolf
CHERYL SCOTT MARZOLF, Incorporator

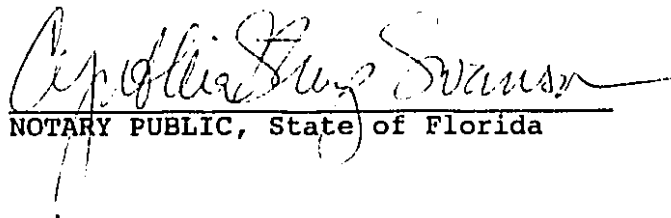
STATE OF FLORIDA

COUNTY OF ALACHUA

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared CHERYL SCOTT MARZOLF, who produced a Florida Driver License for identification, and known to me to be the person who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 15 day of February, 1995.

CYNTHIA STUMP SWANSON
Notary Public, State of Florida
My comm. expires Aug. 12, 1995
Comm. No. CC125990


NOTARY PUBLIC, State of Florida

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OFFICE USE ONLY (Document #)

CLI Regulatory Services, Inc.
Cheryl Scott Marzolf
6233 NW 34th Drive
Gainesville, FL 32653

(City, State, Zip)

(Phone #)

900001859909
-06/12/96--01073--002
*****43.75 *****43.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Will Wait ☐ Pick up time _____

☐ Certified Copy

☐ Certificate of Status

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS JUN -1 10:15

APPROVED
AND
FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<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

Examiner's Initials

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: CU Regulatory Services, Inc.

SECOND: The date dissolution was authorized: April 26, 1996

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 30 day of May, 19 96

Signature

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Cheryl Scott marzolf
(Typed or printed name)

President
(Title)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 JUN -1 AM 10:15

APPROVED
AND
FILED