CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

____ of ____

RE: Dualgroup Projects, Inc

P95000016542

NAME ____
FIRM ____
ADDRESS ____

PHONE ( ) ____

Service: Top Priority ____ One Day Service ____ Regular ____ Two Day Service ____

To us via ____ Return via ____

Mailer No.: ____ Express Mail No. ____

State Fee $ ____ Our $ ____

	C.C. FEE.	DISBURSED
____ Capital Express™		
____ Art. of Inc. File		
____ Corp. Record Search		
____ Foreign Corp. File		
( ) Cert. Copy(s)		
____ Art. of Amend. File	900001417839-	
____ Dissolution/Withdrawal	-02/28/95--01086--008-	
____ C U S- ____	****122.50	****122.50
____ Fictitious Name File		
____ Name Reservation		
____ Annual Report/Reinstatement		
____ Reg. Agent Service		
____ Document Filing		
____ Corporate Kit		
____ Vehicle Search		
____ Driving Record		
____ Document Retrieval		
____ UCC 1 or 3 File		
____ UCC 11 Search		
____ UCC 11 Retrieval		
____ File No.'s, ____ Copies		
____ Courier Service ____		
____ Shipping/Handling		
____ Phone ( )		
____ Top Priority ____		
____ Express Mail Prep. ____		
____ FAX ( ) pgs.		
SUBTOTALS ____		

95 FEB 28 PM 2:58
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
____	$

FEB 2 8 1995 BSB

	TAKEN	CONFIRMED	APPROVED
REQUEST			
DATE			
TIME			CK No. ____
BY	ARC		

WALK-IN
Will Pick Up 2-28 3:00

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

11-2529-7 PONDER'S INC., THOMASVILLE, GA.

ARTICLES OF INCORPORATION

OF

DUALGROUP PROJECTS, 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 is **DUALGROUP PROJECTS, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 2929 SE Ocean Blvd., 111-1, Stuart, FL 34996.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is seven thousand five hundred (7,500) shares common having a par value of one dollar ($1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Dale T. Abrahamson, 900 E. Ocean Blvd., Suite 232, Stuart, FL 34994.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the member of the initial Board of Directors of the corporation is Sigurd Bjorn Samuelsen, 2929 SE Ocean Blvd., 111-1. Stuart, FL 34996.

The undersigned has executed these Articles of Incorporation this 28th day of February, 1995.

Barbara Neeley

Capital Connection, Inc.
Barbara Neeley - President
Incorporator

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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.

FILED
95 FEB 28 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is:

DUALGROUP PROJECTS, INC.

2. The name and street address of the registered agent and office is:

Dale T. Abrahamson
900 E. Ocean Blvd., Suite 232
Stuart, FL 34994

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.

Dale T. Abrahamson

Dale T. Abrahamson

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 DEC 30 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000016542

1. Corporation Name

DUALGROUP PROJECTS, INC.

Principal Place of Business
~~2929 SE OCEAN BLVD~~
~~STUART FL 34996~~
Sig Bjorn
604 Kruoger Parkway
Stuart, FL 34996

Mailing Address
~~2929 SE OCEAN BLVD 111-1~~
~~STUART FL 34996~~
Sig Bjorn
604 Kruoger Parkway
Stuart, FL 34996

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable
604 KRUEGER PKWY S.E.
Suite, Apt. #, etc.
CITY & STATE
STUART FLORIDA
Zip 34996 Country MARTIN

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State SAME
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
02/28/1995

5. FEI Number
Applied For
X Not Applicable

6. CERTIFICATE OF STATUS DESIRED X
$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~D~~	~~SAMUELSEN, SIGURD B~~	~~2929 SE OCEAN BLVD 111-1~~	~~STUART FL 34996~~
D	BJØRN, SIGURD P/V/S/T/D	604 KRUEGER PARKWAY S.E. (CORP FOR PROFIT)	STUART, FLORIDA (34996-N/A.
D	BJØRN, LEE BRYAN P/V/S/T/D	~~604 KRUEGER PARKWAY S.E.~~	~~STUART FLORIDA~~ (34996) N/A.
D	BRYAN JOHN M.		

REINSTATEMENT 1996
A. Alan
12/30/96

8. Name and Address of Current Registered Agent
ABRAHAMSON, DALE T
900 E OCEAN BLVD
SUITE 232
STUART FL 34994

9. Name and Address of New Registered Agent
Name LEE BRYAN BJØRN
Street Address (P.O. Box Number is Not Acceptable) 604 KRUEGER PARKWAY
Suite, Apt. #, Etc.
City STUART State FL Zip Code 34996

CR2E040 (7/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Lee Bryan Bjorn
REGISTERED AGENT MUST SIGN
Date 12/26/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒
(See other side for information on intangible tax.)

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 filing 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 oath.

SIGNATURE: Sig Bjorn S.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/96
Date

(407) 221-3306
Daytime Phone #

0095751 AF