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REFERENCE: 564183 149393A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE: March 22, 1995

ORDER TIME : 10:14 AM

ORDER NO. : 564183

CUSTOMER NO: 149393A

CUSTOMER: Ms. Kay E. Griffith

GRIFCO, INC.

8488 W. Hillsborough Avenue

Tampa, FL 33615

DOMESTIC FILING

NAME: Grifferco, INC.

P95000023375

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea Hamilton

EXAMINER'S INITIALS:

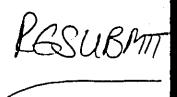
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W95-6370





March 22, 1995

CSC NETWORKS 1201 HAYS STREET TALLAHASSEE, FL 32301

SUBJECT: GRIFCO, INC. Ref. Number: W95000006370

We have received your document for GRIFCO, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6932.

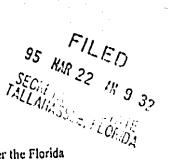
Teresa Brown Corporate Specialist

Letter Number: 795A00012935

ARTICLES OF INCORPORATION

OF

GRIFFERCO, INC.



The undersigned incorporators, 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 GRIFFERCO, INC.

ARTICLE II - PRINCIPAL OFFICE

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

8488 W. Hillshorough Ave. Tampa, Fl 33615

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is ten thousand (10,000) and the par value is \$1.00.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

M. Gary Griffith 8488 W. Hillsborough Ave. Tampa, Fl 33615

ARTICLE V - INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are

Kay E. Griffith Tampa, FL 33615

M Gary Griffith 10802 W. Hillsborough Ave. #30/ 10802 W. Hillsborough Ave. #30/ Tampa, FL 33615

The undersigned incorporators have executed these Articles of Incorporation this 21st day of March, 1995.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

95 MAR 22 M 9 35

TALLAMOS TOMOS

Pursuant to the provisions of sections 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 GRIFFERCO, INC.
- 2. The name and address of the registered agent and office is:

M. Gary Griffith 8488 W. Hillsborough Ave. Tampa, FL 33615

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.

M. Gary Griffith

Date: 3:21-95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FOR FOR Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P95000023375 1 Corporation Jame GRIFFERCO, INC. Principal Place of Business Mailing Address				
DOCUMENT # P95000023375 1 Corporation lame GRIFFERCO, INC. Principal Place of Business Mailing Address				
1 Corporation Jame GRIFFERCO, INC. Principal Place of Business Mailing Address	·			
Principal Place of Business Mailing Address	1			
BASS W, HILLSBOROUGH AVE. \$465 W. HILLSBOROUGH AVE.	1			
Will Storious Mil.				
RENSTATEMENT Of a				
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Address, If Applicable 3. Now Mailing Office Address, If Applicable 7. Date Incorporated or Qualified To Do Burniers in Florida 03/22/1995				
Suite, Apt. #, etc. Suite, Ap				
City & State Country				
Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)				
Title(s) Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) / 4				
D MCDOV Cristity 7203 Rustic St. TAMPA \$63363	1/			
CT VIVE CALLIAN JEST W. Hills parough TAMAN & 3363	361			
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JB10-4-4	16			
Name and Address of Current Registered Agent Name Name				
GREFITH, M. GARY Street Address (P.O. Box Number is Not Acceptable) 8488 W. HILLSBOROUGH AVE.	Street Address (P.O. Box Number is Nct Acceptable)			
TAMPA FL 33615 Suite, Apt. #, Etc.	Suite, Apt. #, Etc.			
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.				
3ignature of Registered Agent REGISTERED AGENT WOST SIGN Date 9-16-1996				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No \(\sigma\) No \(\sigma\)				
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 fit 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 fe owed by the corporation have been paid and the names of individuals fisted on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information incon this application is true and accurate, and my signature shall have the same legal effect as if mode under oath.	ling es licated			
SIGNATURE: SIGNATURE AND TYPED OF PRINTIPPO AND ED SIGNILIZO OFFICER OR DIRECTOR DESIGNATURE AND TYPED OF PRINTIPPO AND ED SIGNATURE AND TYPED OF PRINTIPPO AND ED SIGNALIZO OFFICER OR DIRECTOR DESIGNATURE AND TYPED OF PRINTIPPO AND ED SIGNALIZO OFFICER OR DIRECTOR DESIGNATURE AND TYPED OF PRINTIPPO AND ED SIGNALIZO OFFICER OR DIRECTOR DESIGNATURE AND TYPED OF PRINTIPPO AND ED SIGNALIZO OFFICER OR DIRECTOR DESIGNATURE AND TYPED OF PRINTIPPO AND ED SIGNALIZO OFFICER OR DIRECTOR DESIGNATURE AND TYPED OF PRINTIPPO AND ED SIGNALIZO OFFICER OR DIRECTOR DESIGNATURE AND TYPED OF PRINTIPPO AND ED SIGNALIZO OFFICER OR DIRECTOR DESIGNATURE AND TYPED OF PRINTIPPO AND ED SIGNALIZO OFFICER OR DIRECTOR DESIGNATURE DE SIGNALIZO OFFICER OR DIRECTOR DESIGNALIZO OFFICER OR DESIGN	346			

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