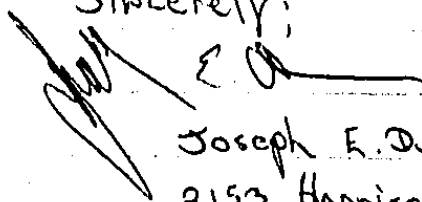


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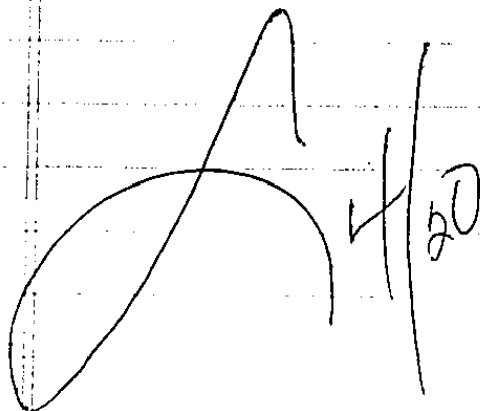
To whom it may concern;  
Please notify me immediately if  
there are any problems concerning this  
applications at (813) 943-9456 (collect if necessary.)  
Thanks, i'm late and in trouble.

Sincerely;



Joseph E. Dunn  
2153 Harrison Dr.  
Holiday, Fl. 34691

(813) 943-9456 ← FAX #. Also



800001458379  
04/18/95 01013-016  
\*\*\*\*78.75 \*\*\*\*78.75

FILED  
95 APR 17 PM 4: 39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Eastwood Liquidations, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

Joseph E. DUNN

Name (printed or typed)

2153 HARRISON DR.

Address

HOLIDAY, FL. 34691

City, State & Zip

(813) 943-9456

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**

FILED  
95 APR 17 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

The undersigned incorporator(s), 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: Eastwood Liquidations, Inc

**ARTICLE II PRINCIPAL OFFICE**

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

5250 Luna Vista Dr.  
New Port Richey, Fl.  
34652

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

49

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Sarah O'Brien  
3429 Chauncy Rd  
Holiday, Fl.  
34691

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Joseph E. Dunn  
2153 Harrison Dr.  
Holiday FL 34691

Edward P. O'Brien  
3429 Chauncy Rd.  
Holiday, Fl. 34691

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13<sup>th</sup> day of April, 19 95.

Joseph E. Dunn co-director  
Signature

Edward P. O'Brien director  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
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: Eastwood Liquidations, Inc

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

Sarah O'Brien  
(NAME)

3429 Chauncy Rd  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Holiday FL 34691  
(CITY/STATE/ZIP)

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95 APR 17 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Sarah O'Brien  
(SIGNATURE)

April 13, 1995  
(DATE)