<u>559</u> <u>Atlant</u> City/State	OOOO 64692 M. Eakin 64692 equestor's Name 64692 <u>Address</u> 69/22/95-01045-004 <u>Stepch FL 32253</u> -08/22/95-01045-004 904 - 247 - 6565 Office Use Only
1. <u>Salan</u> (Cor 2(Cor 3(Cor 4.	I NAME(S) & DOCUMENT NUMBER(S), (if known): outer from the standard stand
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other	Pick up time Pick up time Will wait Photocopy Certificate of Status Amendment Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal
Annual Report Fictitious Name Name Reservation	RecistRATION Foreign Limited Partnership Reinstatement Trademark Other

ARTICLES OF INCORPORATION

OF

CILEL

SALAMANDER GROUP, INC.

I, the undersigned, hereby associate for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida providing for the formation of a corporation for profit.

ARTECLE I Name and Principal Address

The name and principal address of the corporation shall be: Salamander Group, Inc., 363 Atlantic Boulevard, Suite 5, Atlantic Beach, Florida, 32233

ARTICLE II Duration

This corporation shall have perpetual existence.

ARTICLE III Purpose

The general nature of the business to be transacted by this corporation is as follows: To do all things which are authorized to be done by corporations organized under the laws of the State of Florida.

ARTICLE IV Capital Stock

The aggregate number of shares which the corporation is authorized to issue is One Hundred (100) shares. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

ARTICLE V Preceptive Rights

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI Initial Registered Office and Agent

The street address of the initial registered office of this corporation is 559 Atlantic Boulevard, Suite 4, Atlantic Beach, FL 32233 and the name of the initial registered agent of this corporation at that address is Paul M. Eakin.

ARTICLE VII Initial Board of Directors

This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time by the bylaws, but shall never be less than one (1). The names and addresses of the initial board of directors of this corporation are:

<u>NAME</u>

Judy Milam

ADDRESS

1612 5th Avenue North Jacksonville Beach, FL 32250

ARTICLE VIII Officers

The names and street addresses of the officers of this corporation, who shall hold office for the first year of the

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corporation's existence or until their successors are elected and have qualified, are as follows:

NAMEADDRESSJudy Milam, President1612 5th Avenue North

1612 5th Avenue North Jacksonville Beach, FL 32250

Judy Milam, Secretary

1612 5th Avenue North Jacksonville Beach, FL 32250

ARTICLE IX Subscriber

The name and street address of the subscriber to these articles of incorporation is as follows:

NAME

ADDRESS

Paul M. Eakin

599 Atlantic Boulevard, Suite 4 Atlantic Beach, FL 32233

ARTICLE X Indemnification

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

ARTICLE XI Amondment

This corporation reserves the right to amend or repeal any provisions contained in these articles of incorporation, or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

ARTICLE XII Corporation Business

The business of this corporation shall be conducted by a President, one (1) or more Vice-presidents, a Secretary and a

Treasurer, and such assistants as the Board of Directors may from time to time provide for, and any person may hold two or more of such offices. When stockholders who hold a majority of the stock shall be present at a meeting of this corporation, however called or notified, and shall sign a written consent thereto on the record of the meeting, the acts of such meeting shall be as valid as if legally called and notified. This corporation may prescribe and make such other provisions by proper by-laws as the corporation may desire for the regulation of the business and for the conduct of the affairs of the corporation, and any provision creating, dividing, limiting, and regulating the powers of the corporation, the Directors and Stockholders, including provisions governing the issuance of stock certificates to replace lost or destroyed stock certificates; provided such provisions are not contrary to the laws of the State of Florida.

IN WITNESS WHEREOF, the Subscriber and Incorporator has hereunto set his hand and seal this $2!^{5+}$ day of August, 1995.

Eakin

I hereby accept the designation of registered agent for the above-mentioned corporation at the above-mentioned address, city, and state.

S

Paul M. Eakin

STATE OF FLORIDA COUNTY OF DUVAL

The foregoing instrument was acknowledged before me by PAUL M. EAKIN, who is personally known to me and/or who has produced _______ N/A ______ as identification and who did/did not take an oath, this ______ day of August:, 1995.

Notary Public Printed Name:______ My Commission Expires:

> ANDREA W. SMITH Notary Public, State of Florida My comm. expires June 9, 1998 Comm. No. CC 33130S

95 NUG 22 ANIO: 47 FILED

P95 P30 P4692 OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 215 26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of psyment into the State treasury. The Comptroller has delegated the suthority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _______, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

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Name:	loy Mulm		_ EIN or SS#:	
Address:	1612 STH A	VEN.		
	JACKSONVILL	E Batt, Fr	- 32250	
Amount: #150	0.00 Date Paid	(
Reason for claim:	P950con	LULAS OVE	ripaument	
Certified true and	correct this 20	day of	t15	96.
Signatu	re	um		
* Must be complet	ed if authority is other	than Section 215.26, F	lorida Statutes.	