DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL. 32314

SUBJECT:	JAMES C. WILLIAMS, INC. (PROPOSED CORPORATE NAME)
enclosed corporation	AND OUR CHECK FOR \$ 122,50
FROM:	James C. Williams-02/23/9601065011 NAME (PRINTED OR TYPED) 2979 Peninsula Blvd. ADDRESS Demand Beach, FL
E, FONTO AUTHORIZATION BY PH CORRECT CAF. John DATE 2/27 DOC. EXAM 2/18	CITY, STATE, & ZIP (904) 676 - 000 6 TELEPHONE NUMBER ONE TO

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

P.04

· ARTICLES OF INCORPORATION OF

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I, THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORM-ING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

THE NAME OF THE CORPORATION SHALL BE:

JAMES C. Williams, INC.

THIS CORPORATION SHALL EXIST PERPETUALLY, COMMENCING OR THE DATE OF 6(1)09 AND ACKNOWLEDGMENT OF THESE ARTICLES.

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA'S GENERAL CORPORATION ACT.

THIS CORPORATION IS AUTHORIZED TO ISSUE /000 SHARES OF PAR VALUE COMMON STOCK, WHICH SHOULD BE DESIGNATED "COMMON SHARES".

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

2979 Peninsula Blvd. Ormand Beach, FL 32174

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ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT
THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THIS
CORPORATION SHALL BE:
2979 Peninsula Bluel

Ormond Beach, FL 32174

THE NAME OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION AT THAT ADDRESS IS:

ARTICLE VII

THIS CORPORATION SHALL HAVE ONE DIRECTOR INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED OR DIMINISHED FROM TIME TO TIME BY MAJORITY VOTE OF THE STOCKHOLDERS, BUT IT SHALL REVER BE LESS THAN ONE.

THE NAME AND ADDRESSES OF THE INITIAL SUBSCRIBERS SIGNING THESE ARTICLES ARE AS FOLLOWS:

JAMES C. Williams

2979 Peninsula Blvd.

Demond Beach, FL 32174

ARTICLE IX - BYLAWS
THE POWER TO ADOPT, ALTER, AMEND, OR REPEAL BYLAWS SHALL BE
VESTED IN THE BOARD OF DIRECTORS AND THE SHAREHOLDERS.

ARTICLE X - RESTRICTIONS ON TRANSFER OF STOCK
SHARES OF CAPITAL STOCK OF THIS CORPORATION SHALL BE ISSUED
INITIALLY TO THE FOLLOWING PERSONS IN THE AMOUNT SET OPPOSITE
THEIR NAMES:

Sames C. Williams 100 Shaces $\phi_{W_n}^{H_n}$

SHARES HELD BY THE INITIAL SHAREHOLDERS LISTED ABOVE MAY NOT BE RESOLD OR OTHERWISE TRANSFERRED TO OTHER PERSONS UNLESS SUCH SHARES ARE FIRST OFFERED TO THE REMAINING SHAREHOLDERS OR TO THIS CORPORATION. THE PRICE AND TERMS AT WHICH, AND THE TIME WITHIN WHICH, SUCH SHARES MAY BE OFFERED AND SOLD SHALL BE FURTHER SPECIFIED BY WRITTEN AGREEMENT AMONG ALL OF THE SHAREHOLDERS AND THIS CORPORATION.

THIS CORPORATION RESERVES THE RIGHT TO AMEND OR REPEAU ANY PROVISIONS CONTAINED IN THESE ARTICLES OF INCORPORATION, OR ANY AMENDMENTS HERETO, AND ANY RIGHTS CONFERRED UPON THE SHAREHOLDER IS SUBJECT TO THIS RESERVATION.

STOCK TO BE ISSUED PURSUANT TO THESE ARTICLES OF INCORPORA-TION SHALL BE ISSUED UNDER THE TERMS, PROVISIONS AND CONDITIONS OF SECTION 1244 OF THE INTERNAL REVENUE CODE.

IN WITNESS WHEREOF, I HAVE HERETO SUBSCRIBED MY NAME AND AF-FIXED MY SEAL TO THESE ARTICLES OF INCORPORATION, ON THIS // DAY OF AN , 1980.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED

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SECRETARY OF STATE FALLAHASSEE FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0:01 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, DRGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

THE	NAME OF THE CORPORATION ISI JAMES ? Williams	Tuc.
	NAME AND ADDRESS OF THE REGISTERED AGEN' AND OFFICE IS:	
	JAMES C. Williams	
	(P.O. BOX NOT ACCEPTABLE)	
	Ormand Beach FL (CITY/STATE/ZIP)	

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.

SIGNATURE 1

DATE_

1-10-96