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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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

	Proposad corporate	own senct	A-550 (gates Inc.
Enclosed is an origina for :	I and one (1) co	py of the articles o	€117 −03 f incorporation to	10001734549 70679501092004 #Md & Check++++78.75
\$70.00 Filing Fea	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required	
FROI.1: Dacic/L. Crane Name (printed or typed)				
4926 29 THAVENUE SOUTH Address Soulf port, Fl. 33707 City, State & Zip				
		3 — 5 4 / — Telephone number	6921	11

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

FILED

ARTICLES OF INCORPORATION

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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 NAME

The name of the corporation shall be:

FLoyd Townsend Associates Inc.

ARTICLE II PRINCIPAL OFFICE

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

5241 Park Street St. Petersburg, Florida 33709

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

David.L. Crane 4926 29 th Ave. 5 # 8 6ulfport F1. 3550 33707

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

David L. Crane 4926 29th Ave. 5.#8 Gulfport Fl. 33707

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

De day of February, 19 96

Signature

Signature

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

CERTIFICATE OF DESIGNATION OF THE REGISTERED AGENT/REGISTERED OFFICE OFF

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDAL STATUME, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE TAXWS 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:	Floyal Townsend Associat
2. The name and address of the regi	stered agent and office is:
Dar	vid Crane
49 26 (P.O. I	29 + AVC. S. # 8 lox or Mail Drop Box NOT ACCEPTABLE)
Gulff	DOY+ T-1. BELLECO 33707

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.

2/26/96 (SIGNATURE) (DATY)