

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

| | n micorpri | | - |
|---------------------------------|----------------------------------|---|--|
| (Pr | oposed corporate | name - must include suffix) | |
| Enclosed is an origin al | and one (1) o | opy of the articles of incorporati | TO THE WORLD A SECURITY OF THE CONTROL OF THE CONTR |
| for : \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate | \$122.50 \$131.2 Filing Fee Filing Fee & Certified Copy Certified Co & Certified Additional Copy Required | 25 |
| FROM: | Doris C | | _ 본을 용 |
| | Name | printed or typed) | |
| | 3731 16 | 1 Terrace N. | <u> </u> |
| | | Address | |
| | Loxahat | chee, FL 33470 | ***1 |
| | | ity, State & Zip | 1:37 |
| | (407) 7 | 90-0021 | F |
| | Daytim | e Telephone number | _ |
| MAY 1 5 1996 | | W94-9 | 892 |
| | | MAY 9 1990 60 10 | |

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

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May 9, 1996

DORIS CARLIN 3731 161 TERRACE NORTH LOXAHATCHEE, FL 33470

SUBJECT: CARLIN ENTERPRISES, INC. Ref. Number: W96000009892

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

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) 487-6925.

Brenda Baker Corporate Specialist

Letter Number: 696A00022689

ARTICLES OF INCORPORATION

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:

Carlin Stables, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3731 161 Terrace N. Loxahatchee, FL 33470

ARTICLE III SHARES

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

One Hundred Shares (100) shares at \$1.00 par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Doris Carlin 3731 161 Terrace N. Loxahatchee, FL 33470

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);

Doris Carlin 3731 161 Torrace N. Loxahatchee, FL 33470

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| The und | ersigned inc | orporator(s) has(ha | ve) executed | these Artic | les of Incorp | oration this |
|----------|----------------|---------------------|----------------|---------------|---------------|--------------|
| 30th | day of | April | , 19_ | 96 | | |
| (An addi | tional article | must be added if a | n effective da | ite is reques | sted.) | |
| | | Q01 1 | | | | |
| | Do | oris Carlin | Signat | ure | | |
| | | | Signati | ure | | |
| | | | Signati | ure | | |

Notarization is not required

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: | | Carlin Stables, Inc. | | |
|------------------------------------|---------------------------|----------------------------------|----------------|--|
| 2. The name a | and address of the regist | ered agent and office is: | 5 S | |
| | Doris Ca | rlin | | |
| | | (Name) | | |
| 3731 161 | | Terrace N. | - 37 LORIDA | |
| | (P.O. Box | or Mail Drop Box NOT ACCEPTABLE) | - 7 | |
| | Loxahatc | hee, FL 33470 | | |
| | | (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.

Doris Carlin (SIGNATURE)

4-30-96
(DATE)