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THANK YOU from Your Capital Connection

ARTICLES OF INCORPORATION 96 JUN 20 PH 12: 37

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OF

ALYSSA LEE, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is ALYBSA LEE, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 3305 Eagle Avenue, Key West, FL 33040.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Gregory D. Davila, 513 Floming Street, Suite 1, Key West, FL 33040.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Eric M. Madden, 3305 Eagle Avenue, Key West, FL 33040.

The undersigned has executed these Articles of Incorporation this 20th day of June 1996.

"Capital Connection, Inc. by Crystal Dugger, Assistant Office Manager"

Cruptal Dugger

CERTIFICATE OF DESIGNATION REGISTERED OFFICE

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Pursuant to the provisions of section 507.0501/Piorida INNUA Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following stratement in designating the registered office/registered agent, in the state of Florida.

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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 OBLICATIONS OF MY POSITION AS REGISTERED AGENT.

Sn O. O.