P96000084159

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

SUBJECT:(F		Clark I	-1t ** WC.	019745 1/15/9601 ***78.75	5 4°7- 16900 *****78)1
Enclosed is an original for: \$70.00 Filing Fee	l and one (1) c \$78.75 Filing Fee & Certificate	opy of the articles of \$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	and a check		
FROM:	301 H			96 OCT 11 PH 12: 43 SECRETARY OF STATE RALLAHASSEE, FLORIDA		
Augholio de	<u>407</u> Daytime	-788-0830 Telephone number				·

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

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:

5AXON - CLARK INC.

ARTICLE II PRINCIPAL OFFICE

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

2417 Edgewater Prive Ozlando, FZ 32804

ARTICLE III **SHARES**

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

/ Million

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DONALD SAXON 301 Humaing Gina LN. Longwood, K. 32777

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):

DONALDKISAKON 301 HUMMINGBINA LN. LONGWOOD, FE 32779

Thomas P. Clark 301 Hummingbins LN. Longwood, Fr. 32779

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

4th day of October, 19 96.

Signature

Signature

Signature

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 OF 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:	SAXON - CLARK INC
2. The name and address of the reg	sistered agent and office is:
	NAID SAXONI
	Box Mail Drop Box NOT ACCEPTABLE)
Co,	19 WO od Fe 32779

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) (DATE)