1201 HAYS STREET TALLAHASSEE, FL 32301-2607 904-222-9171

800-342-8086



904-222-0393 FAX

PRENTICE HALL
LEGAL & FINANCIAL SERVICE ACCOUNT NO. :

072100000032

REFERENCE :

156682

119240A

AUTHORIZATION :

COST LIMIT :

\$ 70.00

ORDER DATE: November 15, 1996

ORDER TIME : 10:58 AM

ORDER NO. : 156682-005

CUSTOMER NO:

119240A

300002005753--2

CUSTOMER: Mr. Robert Strogis

FAUSEL AND STROGIS, INC.

Suite 208

251 Maitland Avenue

Altamonte Spgs, FL 32701

Kosser, INC.

NAME:

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

_ PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 15, 1996

CSC NETWORKS 1201 HAYS STREET TALLAHASSEE, FL 32301-2607

SUBJECT: GDR, INC.

Ref. Number: W96000024283



We have received your document for GDR, IND, and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The entity name designated in your and nent is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

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 filling of your document, please call (904) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 996A00052272

ARTICLES OF INCORPORATION

FILED

96 NOV 15 ANII: 33

TALLAMASSEE. FLORIDA

O£.

G. D. ROSSER, INC.

| | • • • • • • • |
|---|---------------|
| ARTICLE I NAME | |
| The name of the corporation shall be: | |
| G. D. ROSSER, INC. | |
| | , |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal place of business and mailing address | of this |
| corporation shall be: | • |
| LONGWOOD FL779 | |
| LONGWOOD FL 3779 | |
| | , |
| | |
| | |
| | |
| ARTICLE III CAPITAL STOCK | |
| The number of shares of stock that this corporation : | La |
| authorized to have outstanding at any one time is: | |
| 100 SHARES OF THE | |
| PAR VALVE OF 1 - FREH | |

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS The name and address of the initial registered agent is: LOBERT STRULIS LSI MAITLAND AVE # 208 ALTAMONTE SPRINGS FL 32701 ARTICLE V INCORPORATOR The name and street address of the incorporator to these Articles of Incorporation is: ROBERT STROFFS 251 MATTLAND AVE # 208 ALTAMONE SPAINLS FEL 32701 The undersigned has executed these Articles of Incorporation this 13 day of Nov 1916. , Incorporator

FILED

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

96 NOV 15 AHII: 34

Pursuant to the provisions of Section 607.0501, IALLAMASSEE.FLORIDA 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: G. D. ROSSER, INC. 2. The name and address of the registered agent, and office is: ROBERT STROGIA 25) MAITLAND AVE 4208 - ALTAMONTE SPAINCS FL 32701 Signature: Nohr Hoges Title: brogerator 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: Bout Stugie Date: 11/13/96