76000 102257 TRANSMITTAL LETTER

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

SUBJECT:

L. LYNN KRAUM

(Proposed corporate name - must include suffix)

-12/18/96--010
-12/18/96--010

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: ____

11 11 CAMAREE PLACE

Address

PENSA COCA FLORIDA 32534

City, State & Zip

904-484-6857 Daytime Telephone number

PLOHESSEM A DEC 1 9 1996

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:

L. LYNN RRAUM INC. 5

1-1-97

ARTICLE II PRINCIPAL OFFICE

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

1111 CAMAREE PLACE PENSACOLA, FL. 32534 96 DEC 18 AHII: OU SECKLIANT OF STATE TALLAHASSEE FLORIO

ARTICLE III SHARES

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

1,000 SHARES AT \$ 1.00 PAR VACUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

L. LYNN KRAUM 1111 CAMAREE PL. PENSACOLA FL. 32534

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):

L. LYNN KRAUM

IIII CAMAREE PLACE

PENSACOLA FLORIDA 32534

ARTICLE III EFFECTIVE DATE

THE EFFECTIVE DATE OF INCORPORATION

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

12 day of DEZEMBER, 19 96.

SHALL BE 1-1-97

(An additional article must be added if an effective date is requested.)

Signature

Signature

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 \angle , \angle YWW \angle RAUM \angle NC.	· · · · · · · · · · · · · · · · · · ·	
	96 I	
2. The name and address of the registered agent and office is:	NETARY AHASSE	FILE
L. LYNN KRAUM (NAME)	AM 11: 04 OF STATE E. FLORID	Ö
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)	L DA	
PENSACOLA FL 32534 (CITY/STATE/ZIP)	6	

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.

X- Lynn Keon 12-12-96 (SIGNATURE) (DATE)