TRANSMITTAL LETTER Department of State

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

000002014130--5 -11/26/96--01082--008 *****70.08 *****70.00

ZIMCO INCORPORATED

(Proposed corporate name - must include suffix)

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

370.00

\$78.75

Filing Fee

Filing Fee & Certificate □\$122.50

Filing Fee

& Certified Copy

\$131.25

Filing Fee, **Certified Copy**

& Certificate

ADDITIONAL COPY REQUIRED

Von Zimmerman Name (Printed or typed)

B14 Palermo Road

Address

Jacksonville, FL 32216

City, State & Zip

(0-1)

(904) 954-7690

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 3, 1996

VON ZIMMERMAN 814 PALERMO ROAD JACKSONVILLE, FL 32216

SUBJECT: ZIMCO INCORPORATED Ref. Number: W96000025189

We have received your document for ZIMCO INCORPORATED and check(s) totaling \$70.00. 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) 487-6878.

Letter Number: 296A00054121

Terri Buckley Corporate Specialist

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:

ZIMCO INCORPORATED

Zim INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

BIH PALERMO ROAD JACKSONVILLE, FL 32216

ARTICLE III SHARES

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

TEN

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LEO CARL WILLIAMS 3037 ALONSO ROAD JACKSONVILLE, FL 32216

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):

VON ZIMMERMAN 814 PALERMO ROAD JACKSONVILLE, FL 32216

The undersigned in	corporator(s) has(have) ex	secuted these Articles of Incorporation this
28 th day of _	OCTOBER	
(An additional artic	le rnust be added if an effe	ective date is requested.)
	V/s-	5
_		Signature
_		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.

The name of the corporation is:	ZIMCO INCORPORATED	
•	ZIM INCORPORATED	

2. The name and address of the registered agent and office is:

LEO CARL WILLIAMS	36 R
(Name)	当ら下
3037 ALONSO ROAD	SSEE OF BED
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	FOI
JACKSONVILLE, FL 32216	PATE ORIOA
(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.

Lo C. Williams Det. 28, 1996 (SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314