David Shein & Associates, P.A.

Certified Public Accountants

1600 SARNO ROAD, SUITE 113

MELBOURNE, FLORIDA 32935

(407) 254-9782

Debey 1 99 Members

American Institute CPA's
Floring Stitute CPA's
Tax Deson

Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 FEDERAL EXPRESS

400002044144--6 -01/03/97--01035--009 ++++122.50 *+++122.50

Enclosed are two copies of the Articles of Incorporation for Honey-Do's of America, Inc. and a check to cover the filing fee. Please return one copy of the amendment indicating the filing date.

If you have any questions, please contact Thomas M. Smith at (407) 253-9443 or me at the above number.

Thank you for your assistance.

Very truly yours,

DAVID E. (SHEIN

Certified Public Accountant

DES/cb

Enclosures

cc: Thomas M. Smith, w/encl

97 JAN -2 AHID: 16
SECRETARY OF STATE
ALLAHASSEE FLORING

.597A.811

TRANSMITTAL LETTER

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

| SUBJECT: | HONEY-DO'S OF AMERICA, INC. | | | | |
|---|----------------------------------|--|---|------------|--|
| | (Proposed corporate r | name - must include su | ffix) | | |
| Enclosed is an origin for : \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate | py of the articles o X \$122.50 Filing Fee & Certified Copy Additional Copy | \$131.25 Filing Fee, Certified Copy & Certificate | nd a check | |
| | | Additional Cop | y reduitor | | |
| FROM | | | ····· | | |
| | Name | (printed or typed) | | | |
| 4036 WINDOVER WAY | | | | | |
| | | Address | | • | |
| | MELBOURNE, | FL 32934 | | | |
| | Cit | ty, State & Zip | | | |
| | (407) 253- | 9443 | | | |
| | Daytime | 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:

HONEY-DO'S OF AMERICA, INC.

97 JAN -2 AH IO: 16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

4036 WINDOVER WAY MELBOURNE, FL 32934

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

THOMAS M. SMITH 4036 WINDOVER WAY MELBOURNE, FL 32934

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):

THOMAS M. SMITH 4036 WINDOVER WAY MELBOURNE, FL 32934

| | d incorporator(s) has(h | | | ncorporation th |
|-----------------|-------------------------|-----------------|------|-----------------|
| <u>3/</u> day o | of Decemb | <u>ber</u> ,19_ | 96. | |
| | Homer | 1. Sn | not | |
| | | Signature | | |
| | , | Signature | | |
| | **** | Signature | 9.00 | |

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: | HONEY-DO'S OF AMERICA, INC. | | |
|--|-----------------------------|-------------------------|--|
| 2. The name and address of the registe | ered agent and office is: | | |
| THOMAS M : | SMITH (NAME) | 97 JA SECRITALLA | |
| 4036 WINDO | OVER WAY | N-2 AI | |
| MELBOURNE | FL 32934 (CITY/STATE/ZIP) | HID: 16 F STATE FLORIDA | |

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.

From M. Smit 31 Dec 96
(SIGNATURE) (DATE)