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DIVISION OF COMPERMICH

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

Florida Ostrich LNC
(Proposed corporate name - must include suffix) SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED Name (Printed or typed) 616 Caroling Ave Lynn Hoven FL 32444 City, State & Zip

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

904-271-7419

Daytime Telephone number

ARTICLES OF INCORPORATION

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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:

Florida Ostrich INC.

ARTICLE II PRINCIPAL OFFICE

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

616 Carolina Auc Lynn Haven, FL 32444

ARTICLE III SHARES

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

1,000,000 (one million)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Craig S. Ellis 616 Carolina Ave Lynn Haven FL 32444

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):

Craig S. Ellis President 616 Carolina Ave Lynn Haven FL 32444

Christa M. Ellis Executive Vice President 616 Carolinia Ave Lynn Howen FL 32444

Alexandria UA 2234

Joseph James Ellis III (Treasurer) Everett L. May (Secretary) 501 Staters LN #7 206 Montana Ave Lynn Haven FL 32444

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

6 day of January , 19 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.

| l. | The name of the corporation is Florida Ostrich INC. |
|----|-------------------------------------------------------------|
| | |
| 2. | The name and address of the registered agent and office is: |
| | Craig S Ellis |
| | 616 Carolina Ave |
| | (P. O. Box or Mail Drop Box NOT ACCEPTABLE) |
| | Lynn Haun FL 32444 |

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.

