Florida Department of State Division of Corporations P.O. Box 6327

--2 19 2.50

Tallahassee, FL 32314	20002087952 -02/14/970105201 ****122.50 ****122
Re: ORRANGE/CARLIN (Name	ENTERPRISES , Inc.
Gentlemen:	
Enclosed please find the original and one copy of check in the amount of \$122.50.	f the Articles of Incorporation, together with my
Registered Agent Designation for the above name	ied Copy of Articles of Incorporation and Fee for
	TIMOTHY ORRANGE (Individual's Name)
	ORRANGE/CARLIN ENTERPRISES INC (Name of Corporation)
OK 18/57	MAILING ADDRESS OF CORPORATION — 902 MC CLINTOCK ST  LONGWOOD, FL 32750
·	PHONE (407) 767-5603  Area Code Number Ext.

Number

Ext.

## ARTICLES OF INCORPORATION

of

FILED

ORRANGE/CARLIN ENTERPRISES INC. (name of corporation) The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: ORRANGE/CARLIN ENTERPRISES INC. ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 1000 shares of common stock, par value \$ NONE per share. ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS 902 MC CLINTOCK ST CITY FLORIDA ZIP 32750 LONGWOOD Mailing address, if different STREET ADDRESS CITY **FLORIDA** ZIP

## ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	TIMOTHY ORRANGE			
ADDRES	S <sub>902</sub> MC CLINTOCK ST			
CITY	LONGWOOD	FLORIDA	ZIP	32750

	ITIAL BOARD OF DIRECTORS	
This corporation shall haveTWO ther increased or diminished from time to time by the I	( 2 ) directors initially. The n	umber of directors may t ne (1). The names and
her increased or diminished from time to time by the finderses of the initial director(s) of the corporation are a	as follows:	io (1). The hames and ;
NAME TIMOTHY ORRANGE	<u> </u>	
ADDRESS 902 MC CLINTOCK ST		
CITY LONGWOOD	STATE FLORIDA	ZIP 32750
NAME CYNTHIA L CARLIN		
ADDRESS 2570 ALAFAYA TRAIL		
CITY OVIEDO	STATE FLORIDA	ZIP 32765
NAME		
ADDRESS		
CITY	STATE	ZIP
A DELGLE	VIII - INCORPORATORS	
The names and addresses of the incorporators signing to NAME TIMOTHY ORRANGE	hese Articles of Incorporation are as fol	llows:
TINOTH ONAMO		
702 NO OBINIOUS 51	STATE FLORIDA	ZIP 32750
CITY LONGWOOD	PHORIDA	
NAME CYNTHIA L CARLIN		
ADDRESS 2570 ALAFAYA TRAIL		77D
CITY OVIEDO	STATE FLORIDA	ZIP 32765
NAME		
ADDRESS	· .	
CITY	STATE	ZIP
The undersigned incorporator(s) have executed the	nese Articles of Incorporation this _	TENTH
day of FEBRUARY	, 19 <u>97</u>	
	10,00	7
		(Signatur
	),///	
	x yother o	ر (Signatur
		ر

(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

97 FEB 14 PM 3:58

ORRANGE/CARLIN ENTERPRISES INC.				
(name of corporation)				
and the following is su	ıhmitted <sup>,</sup>			
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is su				
The above corporation, organized under the laws of the State of Florida with i	ts registered office			
as indicated in the Articles of Incorporation				
at 902 MC CLINTOCK ST				
LONGWOOD, FL 32750				
has named TIMOTHY ORRANGE				
located at the aforesaid address, as its registered agent to accept service of pro	cess within this			

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 (Signature)

 $x = \frac{2 - 11 - 97}{\text{(Date)}}$ 

state.