TRANSMITTAL LETTER 19000033868

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

900002143789--3 -04/15/97--01068--027 *****78.75 ******78.75

SUBJECT: HARRISON STRICKLAND INC. (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$131.25 **\$122.50** \$70.00 Filing Fee Filing Fee, Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate & Certificate Will Wait ADDITIONAL COPY REQUIRED FROM: STRICKLAND
Name (Printed or typed) 6281 BLACKFOX WAY Address TALLAHASSEE FLORIDA City, State & Zip (964) 668 – 8281 Daytime Telephone number

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

D. BROWN APR 1 5 1597

ARTICLES OF INCORPORATION

97 APR 15 PM 1:07

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HARRISON STRICKLAND, INC.

ARTICLE II PRINCIPAL OFFICE

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

6281 BLACKFOX WAY; TALLAHASSEE, FLORIDA 32312

ARTICLE III SHARES

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

1000

ARTICLE IV ___ INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

HARRISON EVGENE STRICKLAND

6281 BLACKFOX WAY

TALLAHASSEE, FL 32312

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

HARRISON EUGIENE STRICKLAND

6281 BLACKFOX WAY

TAMAHASSEE, FL 32312

Signature/Incorporator Date

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

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.

Signature Registered Agent

15 SPEIL 1997

Date