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97 JUN 16 RM 10: 51

TALLAHASSEE. FLORIDA

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

300002205683--9 -06/09/97--01075--001 ****122.50 ****122.50

SUBJE		M. H. SERV	ICES THE	, Iwc	
		(Proposed corporate	name - must include s	suffix)	
inclos	ed is an origina	al and one (1) cop	by of the articles of	f incorporation a	nd a check
.	\$70.00	\$78.75	X \$122.50	□ \$131.25	
	FROM	Charl	es T. Ryals		
		Name	p (printed or typed)	•	
		P. 0.	Box 2879		
			Address		
			a Springs, FL	34447	
		C	City, State & Zip		1
		(352)			1 1
		Daytim	e Telephone number	$= a \left($	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		352)	628-5940-1	110	X51/2
		•	(628 - 5940 - 1	14 W/2	Of The State of th
			`	~ Ah	A, M,

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 10, 1997

CHARLES T. RYALS P O BOX 2879 HOMOSASSA SPRINGS, FL 34447

SUBJECT: M. H. SERVICES, INC. Ref. Number: W97000013551

We have received your document for M. H. SERVICES, INC. and check(s) totaling \$122.50. 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.

A post office box is not an acceptable address for the registered agent.

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) 487-6915.

Pamela Hall Document Specialist

Letter Number: 697A00031185

ARTICLES OF INCORPORATION JUN 16 AM ID: 54

TALLAHASSEE, FLORIDA

OF

M. H. Services of Citrus, Inc.

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:

M. H. Services of Citrus, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7038 W. Homosassa Trail Homosassa, FL 34448

M/m P. O. Box 2879 Homosassa Springs, FL 34447 ARTICLE III SHARES

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

Five thousand shares (5000) of one Dollar (1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Charles T. Ryals 7038 W. Homosassa Trail Homosassa, FL 34448

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Charles T. Ryals P.O. Box 2879 Homosassa Springs, FL 34447

7038 W. Homosassa Trail Homosassa, FL 34448

12day of	June	, 19 <u>_ ⁹⁷</u> .
x dl T	Signature	
	Signature	

Articles of Incorporation Filing Fee - \$35

97 JUH 16 MHID: 54

CERTIFICATE OF DESIGNATION OF TALLAHASSEE, FLORIDA REGISTERED AGENT/REGISTERED OFFICE

U CEDUTCES OF CIMPUS

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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 c	orporations is: N. H. SERVICES OF CITROL, TRC.
2. The name and ac	dress of the registered agent and office is:
	Charles T. Ryals
	(Name)
	7038 W. Homosassa Trail
	(P.O. Box Not acceptable)
	Homosassa, FL 34448
	(City/State/Zip)
stated corporation a ment as registered the provisions of all	as registered agent and to accept service of process for the above the place designated in this certificate, I hereby accept the appointagent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties and accept the obligations of my position as registered agent.
(Signature)	