CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

of

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LAGNIAPPE, INC.

The undersigned, for the purpose of forming a corporation under the Florida Business Corporation Act, adopt the following articles of incorporation:

ARTICLE I. NAME

The name of this corporation is: LAGNIAPPE, INC.

ARTICLE II. PRINCIPAL OFFICE

The street address of the initial principal office of the corporation is 131 Old Peniel Road, Palatka, FL 32177. The mailing address of the corporation is Rt 5, Box 6840, Palatka, FL 32177. The Board of Directors may, from time to time, move the principal office to any other address in Florida.

ARTICLE III. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE IV. CAPITALIZATION

The aggregate number of shares that this corporation is authorized to have issued is 10,000 shares. Such shares shall be of a single class and be without par value.

ARTICLE V. REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation is 501 St. Johns Avenue, Palatka, FL 32177, and the name of its initial registered agent at such address is Tance E. Roberts.

ARTICLE VII. INCORPORATORS

The name and address of each incorporator is:

Name

Address

John W. Wolfenden

Rt 5, Box 6840 Palatka, FL 32177

Krystyna F. Wolfenden

Rt 5, Box 6840 Palatka, FL 32177 Executed by the undersigned at <u>falatka</u>, Florida on the <u>Aland</u> day of <u>July</u>, 1997.

John W. Wolfenden

Krystypa F. Wolfenden

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:

LAGNIAPPE, INC.

The name and address of the registered agent and office is:

TANCE E. ROBERTS 501 St. Johns Avenue, Palatka, FL 32177

Having been named to 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.

TANCE E. ROBERTS, ESQUIRE

REGISTERED AGENT

DATE:

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