TRANSMITTAL LETTER

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

200002268102--5 -08/15/97--01037--003 *****70.00 ******70.00

> 20100012363702---08/15/17/20037--003 ******70.00 ******70.00

SUBJECT:

SALLY A. SHUTE, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75

Filing Fee & Certificate **\$122.50**

\$131.25

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: SALLY A. SHUTE

Name (Printed or typed)

15010 Windbluff Street

Address

Davie, FL 33331

City, State & Zip

(954) 434-1350

Daytime Telephone number

SECRETARY OF STATE DIVISION OF CORPORATION

2

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

ARTICLES OF INCORPORATION

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

97 AUG 15 PH 12: 38

ARTICLE I NAME

The name of the corporation shall be:

SALLY A. SHUTE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 15010 Windbluff Street
Davie, FL 33331

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SALLY A. SHUTE 15010 Windbluff Street Davie, FL 33331

ARTICLE V INCORPORATOR

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

SALLY A. SHUTE 15010 Windbluff Street Davie, FL 33331

Signature/Incorporator

8-11-97

(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 providence 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

8-11-11