PINASMITHATOETHER OF Z

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

| SUBJECT: | ROWLIN Inc. | |
|----------|---|--|
| DCD02041 | (Proposed corporate name - must include suffix) | |

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

Filing Fee \$78.75 Filing Fee

\$122.50 Filing Fee & Certified Copy & Certificate

X \$131.25 Filing Fee, Certified, Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Robert W. Morse Name (Printed or typed)

Melbourne FL 32901 ASSEE, FLORED

One Told The Second Table of The State & Zip

(407) 728-8938

Daytime Telephone number

W97-23081

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

ne 10/21/97





FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 9, 1997.

ROBERT W. MORSE 1008 E. STRAWBRIDGE AVE. MELBOURNE, FL 32901

SUBJECT: ROWLIN, INC. Ref. Number: W97000023081

We have received your document for ROWLIN, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(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 a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6067.

Neysa Culligan Document Specialist

Letter Number: 397A00049573

ARTICLES OF INCORPORATION

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:

Rowlin Development Corp.

ARTICLE II 'PRINCIPAL OFFICE

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

1008 E Strawbridge Augustian FILED Melbourne FL 32901 FFRED

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Robert W. Morse 1008 E. Strawbridge Ave Melbourne FL 32901

ARTICLE V. INCORPORATOR(S)

See instructions for officers/directors

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

Robert W. Morse 1008 E. Strawbridge Ave Melbourne, FC 32901

David S. Morse 1009 E. Strawbridge Ave Melbourne FL 32901

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

6th day of October 1997.

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

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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.

| . The name of the corporatio | nis 170001111 Developin | WIT COV |
|--------------------------------|-----------------------------------|---|
| · | | |
| | | · • • • • • • • • • • • • • • • • • • • |
| 2. The name and address of the | e registered agent and office is: | |

Robert W. Morse

(NAME)

1008 E. Strawbridge Ave

(P.O. BOX OF Mail Drop BOX NOT ACCEPTABLE)

Melbourne, FL 32901

(CITY/STATE/ZIP)

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)

F/L/97 ANN SEEF, FLORE STA

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314