Thomas W. Lager (Requestor's Name) 354 Office Plaza

Tallahassee FL 32301 877-0112 (City, State, Zip) (Phone #)

(Addross)

OFFICE USE ONLY

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ARTICLES OF INCORPORATION

OF

CABRYCAM, INC.

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SECRETARY OF STATI

The undersigned sole incorporator, being a natural person competent to contract and desiring to form a corporation under Title XXXV, Chapter 607, of the revised Florida Statutes, herewith submits the following information:

- 1. The name of the corporation is CABRYCAM, INC.
- 2. The duration of the corporation shall be perpetual.
- 3. The general purpose(s) for which this corporation is being formed are to include the transaction of any or all lawful business for which corporations may be incorporated under this Chapter.
- 4. The aggregate number of shares which the corporation shall have authority to issue is one hundred (100), all without par value and of one class.
- The principal address and mailing address of the corporation will be 2516
 Chumleigh Circle, Tallahassee, Florida 32308.
- 6. The name of its initial registered agent is Thomas W. Lager, Esquire, 354 Office Plaza, Tallahassee, Florida 32301.
- 7. The number of Directors constituting the initial Board of Directors is one (1) and the name and address of each person who is to serve as a member thereof is as follows:

Brad S. Ridgewell 2516 Chumleigh Circle Tallahassee, Florida 32308 8. The name and address of the sole incorporator is:

Brad S. Ridgewell 2516 Chumleigh Circle Tallahassee, Florida 32308

IN WITNESS WHEREOF, the undersigned, as sole incorporator of this corporation has executed these Articles of Incorporation.

DATE: November 18, 1997

BRAD'S. RIDGEWELL

STATE OF FLORIDA COUNTY OF LEON

The foregoing instrument was acknowledged before me this <u>18th</u> day of November, 1997, by BRAD S. RIDGEWELL, who is personally known to me of WHIN HAVE AND SECOND AND AND SECOND AND ASSESSED AND ADDRESS OF THE PROPERTY OF

(SEAL)

NOTARY PUBLIC

Printed Name: Femme Ruther

FEMME RUTHER
MY COMMISSION # CC480726 EXPIRES
November 15, 1999
80NOED THRU TROY FAIN INSURANCE, INC.

My Commission Expires:

I, the undersigned, hereby accept appointment as registered agent of the above-named

corporation.

THOMAS W. LAGER 354 Office Plaza Tallahassee, Florida 32301 (850) 877-0112

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