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

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	•	*****78.75 *****78.75
SUBJECT: Ros	ebud Investments,	
	(Proposed corpo	orate name - must include suffix)
Enclosed is an original a	nd one(1) copy of the articl	es of incorporation and a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 S131.25 SFiling Fee Filing Fee, & Certified Copy & Certificate ADDITIONAL COPY REQUIRED
FROM:	Archibald L. W Name (atkins Printed or typed)
	1538 Lee Ave.	Address
_	Tallahassee, F City	L 32303 7, State & Zip 27
_	(850) 224-5513	Telephone number 28 28 28

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.

ARTICLE I NAME

The name of the corporation shall be:

Rosebud Investments, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1538 Lee Ave. Tallahassee, FL 32303

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:

Archibald L. Watkins 1538 Lee Ave. Tallahassee, FL 32303

ARTICLE V INCORPORATOR

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

Archibald L. Watkins 1538 Lee Ave. Tallahassee, FL 32303

Signature/Incorporator

11/25/97

11/28/97

Date

(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 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/Registered Agent

Date