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DATE November 28, 1997

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

Tallanassee, FL 32314	100002361661 -12/03/9701020017 ****122.50 ****122.50
Re: SWEETWATER CONSU (Name of Corp.	
Gentlemen:	
Enclosed please find the original and one copy of the Archeck in the amount of \$122.50.	ticles of Incorporation, together with my
This represents the cost of the Filing Fees, Certified Cop Registered Agent Designation for the above named corp	oration.
Very truly	
	Wendell A KAISER
	(Individual's Name) PRESIDENT
	SWEETWATER CONSULTING INC.
	(Name of Corporation)

MAILING ADDRESS OF CORPORATION
c/o JOHN M HARTMAN
312 W FIRST ST SUITE 612 SANFORD, FL 32771
PHONE  ( 407 ) 328-4588  Area Code Number Ext.

#### ARTICLES OF INCORPORATION

of

#### SWEETWATER CONSULTING INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

SWEETWATER CONSULTING INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

#### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ NONE per share.

#### ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS			<u></u>		
	105 SWEETWATE	R BLVD. SO			
CITY	LONGWOOD		FLORIDA	ZIP	32779-3415
Mailing addre	ss if different				

Mailing address, if different

STREET ADDRESS	C/O JOHN M HARTMAN	, A.B.A.		
	312 W. FIRST STREET	SUITE 612		
CITY	SANFORD	FLORIDA	ZIP	32771

#### ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	JOHN M HARTMA	AN, A.B.	. A .	 		-	
ADDRESS	312 W. FIRST	STREET	SUITE	· ·	-	-	
CITY	SANFORD	-		FLORIDA		ZIP	32771

	poration shall have <u>TWO</u>		
	d or diminished from time to time by the B ne initial director(s) of the corporation are a		one (1). The names and
NAME	WENDELL A KAISER		
ADDRESS	105 SWEETWATER BLVD. SO.		
CITY	LONGWOOD	STATE FL	ZIP 32779
NAME	KATHRYN M KAISER		
ADDRESS	105 SWEETWATER BLVD. SO.		-
CITY	LONGWOOD	STATE FL	ZIP 32779
NAME		-	
ADDRESS			-
CITY		STATE	ZIP
	ARTICLE V	III - INCORPORATORS	-
he names and	d addresses of the incorporators signing the	se Articles of Incorporation are as f	ollows:
NAME	WENDELL A KAISER		-
ADDRESS	105 SWEETWATER BLVD. SO.		
CITY	LONGWOOD	- STATE FL	ZIP 32779
NAME	KATHRYN M KAISER		
ADDRESS	105 SWEETWATER BLVD. SO.		· · · · · · · · · · · · · · · · · · ·
CITY	LONGWOOD	STATE FL	ZIP 32779
NAME		_	<u>-</u> ·
ADDRESS _	<u> </u>		
CITY		STATE	ZIP
 Γhe undersig	gned incorporator(s) have executed thes	e Articles of Incorporation this	2.8TH
	NOVEMBER	, 19 <u>_97</u>	
		Wandell Ray	(Signature)
		Halhry M. Z	(Signature)
			(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

97 DEC -3 PN 4: 03
SECRETARY OF STATE
SECRETARY OF STATE

 SWEETWATER	(name of corpo		
מישיי א הגיריים מינוט	CONSULTING	тыс	·

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 312 W, FIRST STREET SUITE 612

SANFORD, FL 32771

has named JOHN M HARTMAN

located at the aforesaid address, as its registered agent to accept service of process within this state.

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) (Date)