

PC18000026799

Angelia L. Wright

P. O. Box 1232
Lynn Haven, FL 32444

March 12, 1998

FILED

98 MAR 23 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: CUT LOOSE SERVICES, INC.

Dear Sirs:

Please find enclosed the following:

- Original and one copy of documents for the referenced corporation;
 - Articles of Incorporation.
 - Certificate of Designation for the Registered Agent/Office.
- Check in the amount of \$70.00 covering the filing fees.

If you have any questions, please advise.

Sincerely,

Angelia L. Wright
Angelia L. Wright

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DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

P. Hall
MAR 23 1998

ARTICLES OF INCORPORATION
OF
CUT LOOSE SERVICES, INC..

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:

CUT LOOSE SERVICES, INC..

ARTICLE II PRINCIPAL OFFICE

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

P. O. Box 1232
Lynn Haven, Florida 32444

ARTICLE III CAPITAL STOCK

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

1,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Angelia L. Wright
2508 Minnesota Ave. Apt A204
Lynn Haven, FL 32444

ARTICLE V INCORPORATORS

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

Angelia L. Wright
P. O. Box 1232
Lynn Haven, FL 32444

The undersigned has executed these Articles of Incorporation.

Angelia L. Wright 03-12-98
Angelia L. Wright, Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
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 agent/registered office, in the State of Florida.

1. The name of the corporation is:

CUT LOOSE SERVICES, INC.

2. The name and address of the registered agent and office is:

Angelia L. Wright
2508 Minnesota Ave. Apt A204
Lynn Haven, FL 32444

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED REGISTERED AGENT 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 AGREED 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: Angelia L. Wright

DATE: 03-12-98