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CORPORATION N	IAME(S) & DOCUMENT N	UMBER(S), (if known)):	
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NEW FILINGS	AMENDMENTS: Amendment	800	-03/27/9801037024	1
Profit NonProfit	Resignation of R.A., Officer/	Director	****122.50 ****122.5	J
Limited Liability	Change of Registered Agent			
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OTHER FILINGS	REGISTRATION/OUALIEIGATION		FIL'ED 98 MAR 27 PM 12: 40 SECRETARY OF STATE ALLAHASSEE, FLORIDA	÷:
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		Examiner's In	nitials	1

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ARTICLES OF INCORPORATION OF MICROMENDERS OF NORTH FLORIDA, INC.

THE UNDERSIGNED incorporator, for the purpose of forming a corporation for profit under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I. NAME

The name of the Corporation shall be MicroMenders of North Florida, Inc.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be Route 3, Box 4096, Havana, Florida 32333.

ARTICLE III. CAPITAL STOCK

The number of shares of 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 Stuart E. Goldberg, Esq., 2120 Killarney Way, Tallahassee, Florida 32308.

ARTICLE V. INCORPORATOR

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

Barbara Sherman Route 3, Box 4096 Havana, Florida 32333 The undersigned has executed these Articles of Incorporation this day of March, 1998.

STATE OF FLORIDA COUNTY OF LEON

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Barbara Sherman, _personally known or who did produce Flo. driver's licinse_ ____ as identification, the person described as the incorporator in and who executed the foregoing Articles of Incorporation, and acknowledged before me that she subscribed the same.

WITNESS my hand and official seal in the County and State named above this day of March, 1998

> (Signature of Person Taking Acknowledgment) (Print Notary Name/Commission Number/Expiration Date)

Toni M. Singletary MY COMMISSION # CC668059 EXPIRES November 7, 2001 BONDED THRU THOY FAIN INSURANCE, INC.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE ACCEPTANCE OF APPOINTMENT

Pursuant to the provisions of 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.

- 1. The name of the corporation is MicroMenders of North Florida, Inc.
- The name and address of the registered agent and office is Stuart E. Goldberg, Esq.,
 2120 Killarney Way, Tallahassee, Florida 32308.

MicroMenders of North Florida, Inc.

Date: 3-26-98

ACCEPTANCE OF APPOINTMENT AS RESIDENT AGENT

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: Atuat Mark No. 27 PH 12: 4

Date: 3-26-98