Florida Department of State DATE 6-5-98

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

400002558354-- \$ -06/12/98--01055--017 *****122.50 *****122.50

Re: LADY ANNS , Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Sign. (Individual's Name) AND SEED PHONE (Name of Corporation) Fr. W.

STUART FLA. 34994

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| ARTICLES OF INCORPORATION |
|---|
| Lady ann's elac (LADY ANN'S 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: Lady Ann's Inc. LADY ANN'S TINC. E |
| 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 shares of common stock, par value \$ per share. |
| ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: |
| STREET ADDRESS 504 Calorada ave. (500 Colorado Ave) |
| CITY Stuart (STUART) FLORIDA Fla (FLA.) ZIP 34994 |
| Mailing address, if different STREET ADDRESS |
| STREET ADDRESS |
| |
| CITY FLORIDA ZIP |
| 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 WILLIAM J. TRINKLE |

ZIP

FLORIDA

ADDRESS

CITY

| | ARTICLE V | II - INITIA | LBOA | ARD OF DIRECTORS |
|---------------------------------|-----------|-------------|------|--------------------------------|
| This corporation shall have _ | ONE | <u> </u> | 1 |) directors initially. The nun |
| er increased or diminished fron | | | | |

| This corporation shall have ONE | e By-Laws, but shall never | initially. The number of be less than one (1). The | f directors may be he names and |
|---|----------------------------|---|------------------------------------|
| addresses of the initial director(s) of the corporation a | re as follows: | | |
| NAME WILLIAM J. TRI | NKLE | - 1.1 | |
| ADDRESS 2504 S.W. Ho. | RSESHOE T | RAIL | |
| CITY PALM CITY | STATE F | ZI | P 34990 |
| NAME | | | |
| ADDRESS | | | |
| CITY | STATE | ZI | P |
| NAME | | | |
| ADDRESS | | | |
| CITY | STATE | ZI | P |
| ARTICL | E VIII - INCORPORATO | RS | |
| The names and addresses of the incorporators signing | | | |
| NAME DUILLIAM J. | TOININE | F | · |
| ADDRESS 2504 SW. HO. | | | · |
| CITY PALM CITY | STĀTĒ | $\frac{7}{2}$ $\frac{7}{2}$ $\frac{7}{2}$ $\frac{7}{2}$ $\frac{7}{2}$ | P 34990 |
| NAME | | | · 27/70 |
| ADDRESS | | | ✓ is returned |
| CITY | STATE | ZI | |
| NAME | | | - |
| ADDRESS | | | |
| CITY | STATE | ZI | D |
| | | | - TH |
| The undersigned incorporator(s) have executed the day of | nese Articles of Incorpora | tion this $_{}$ $_{25}$ | |
| ν (γ - 1 | Wellia | Dund. | (Signature) |
| | / :- | | _ 、 |

(Signature)

____ (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

| Province the Elevide Statute State A0 001 Floor of the State |
|--|
| 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 2504 SW. HORSESHOE TRAIL |
| PALM CITY, FL 34990 |
| has named WILLIAM J. TRINKLE |
| located at the aforesaid address, as its registered agent to accept service of process within this |
| 98 JUN 12 PH 4: 03 TALLAHASSEE FLORID. |
| 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 regis- |

tered 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.