# P980000549/0

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

SUBJECT:

OGDEN:

800002562808----06/17798--01055--013 \*\*\*\*122.50 \*\*\*\*122.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:  \$70.00 \$78.75 \$122.50 \$18105 \$  Filing Fee & Filing Fee & Filing Fee & Certified Copy & Certified Copy & Certificate  **ADDITIONAL COPY REQUIRED**  **ADDITIONAL COPY REQUIRED**	
FROM:  CARL OGGEN  Name (Printed or typed)  Route 2 Box 402  Address  TALLAHASSEE, FL 323//  City, State & Zip  By Congress  Authorization by Phone to Daytime Telephone number  CORRECT Congress  DATE 1-19 96	JAVE TO

(Proposed corporate name - must include suffix)

NOTE: Please provide the original and one copy of the articles.

July 2

## 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: OGDEN. INC.

## ARTICLE II PRINCIPAL OFFICE

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

Route 2 Box 402

Tallahassee, Florida 32311

ARTICLE III SHARES

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

200 Shares

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Carl Ogden

Route 2 Box 402

Tallahassee, Florida 32311

ARTICLE V INCORPORATOR

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

Carl Ogden

Route 2 Box 402

Tallahassee, Florida 32311

ARTICLE VI EFFECTIVE\_DATE

The effective date of this corporation is: July 1, 1998

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Signature/Incognorator

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