TRANSMITTAL LETTER 10614 Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Subject: Pali Gap, Inc. (Proposed corporate name -must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 Filing Fee Filing Fee & Certificate X \$122.50 \$131.25 Filing Fee Filing Fee & Certified **Certified Copy** Copy &Certificate Additional copy required FROM: Richard D. Bell, CPA Name (printed or typed) 1750 Hwy A1A South, Suite D Address St Augustine, FI 32084

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

(904) 471-7200

City/State/Zip

Daytime Telephone number

ARTICLES OF INCORPORATION

DIVISION OF TARY OF STATE

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) The following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Pali Gap, Inc.

ARTICLE II PRINCIPAL OFFICE

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

18A - A Street St. Augustine, FL 32084

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jason Roberson 317 Anastasia Blvd. #2 St. Augustine, FL 32084

ARTICLE V. INCORPORATORS

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

Richard D. Bell, CPA PA 1750 A1A South, Suite D St Augustine, FL 32084

ARTICLE VI. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

President:

Jason Roberson

317 Anastasia Blvd. #2

St. Augustine, FL 32084

The undersi	gned incorpo	rator(s) has (have) exe	cuted hese Arti	icles of Incorporat	ion thi
6	_day of	Fuly	19	988_	-
	(An addition	nal article must be add	11 Bl	111	ed)
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		Signat	ure		-

Notarization is not required

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

1. The name of the Corporation is:

Pali Gap, Inc.

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

Jason Roberson

(Name)

317 Anastasia Blvd. #2

(P.O. Box NOT acceptable)

St. Augustine, FL 32084

(City/State/Zip)

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

7-1-1998

Date

REGISTERED AGENT FILING FEE: \$35.00