Requestor's Name 347 S. OTANRE AU Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) *****122.50 (Corporation Name) (Document #) Walk in Certified Copy Pick up time Photocopy Mail out Will wait Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

ARTICLE OF CORPORATION

OF

M. AND M. PALMS, INC.

ARTICLE I

NAME

THE NAME OF THIS CORPORATION IS M. AND M. PALMS, INC.

15090 REBECCA AVE. PORT CHARLOTTE, FLORIDA 33953

ARTICLE II

DURATION

THIS CORPORATION SHALL EXIST PERPETULLY, AND THE DATE OF COMMENCEMENT OF CORPORATE EXISTENCE SHALL BE THE DATE ON WHICH THESE ARTICLES ARE FILED WITH THE SECRETARY OF STATE IN THE STATE OF FLORIDA.

ARTICLE III

PURPOSE

THIS CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN FOR PROFIT ANY BUSINESS ACTIVITIES NOT PROHIBITED TO CORPORATION FOR PROFIT UNDER THE LAWS IN THE STATE OF FLORIDA OR ANY OTHER LOCATION.

ARTICLE VI

INCORPORATOR(S)

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, DO HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION, THE PERSON(S) WHO HAVE SIGNED AND DELIVERED OR REQUEST TO BE DELIVERED THESE ARTICLES OF INCORPORATION TO THE DEPARTMENT OF STATE, DIVISION OF CORPORATION IS THE INCORPORATOR(S OF THIS CORPORATION, WHOES NAME(S) AND ADDRESS(ES) IS/ARE

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MAXWELL L. FORD	15090 REBECCA AVE.	PORT CHARLOTTE, FL
INCORPORATOR	ADDRESS	CITY AND STATE
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INCORPORATOR	ADDRESS	CITY AND STATE

ARTICLE IV

CAPITAL STOCK

THIS CORPORATION IS AUTHORIZED TO ISSUE SEVENTY-FIVE HUNDRED (7,500) SHARES OF COMMON STOCK WITH A PAR VALUE OF \$ 1.00 PER SHARE.

ARTICLE V

REGISTERED AGENT

THE	ADDR	ESS	OF T	HE INI	TIAL	REGIS	TERED	AGENT	OF TH	is
CORE	PORAT	ирг	WITH	IN THE	STAT	e of	FLORI	DA IS_	347	
sou	TH OI	RANG	E AVE	ARCA	DIA,	FLORI	DA 342	66	······································	· · · · · · · · · · · · · · · · · · ·
THE	NAME	OF.	THE	INITIA	AL REG	ISTER	ED AGI	ENT AT	THE	ABOVE
ADDI	RESS	IS	JC	ANN AI	FORD					-

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAW 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 1	THE	CORP	ORA?	MOI	ISM.	AND_	M. PAI	MS,	INC.	
		l										OFFICE	
	J.C NAME	<u>DANN</u>	ALFO	RD	the start contains	·			Taribi, s. — yely to i, sepaga	·	·····		
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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 STATUTE RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILAR WITH AND ACCEPT THE OBLIGATIONS OF THIS POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

7-16-98

98 SEP 16 PH 12: LT TALLAHASSEE, FLORID