Department of State Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314

Incorporation Re:

Please find enclosed the transmittal letter and pertinent information for the incorporation of Not Entenphise INC , along with a check in the

amount of \$70.00.

Please send these papers to the address of our bookkeeper:

Nettle Davis, Inc 1500 S. First St. Lake City, FL 32025 59-3124977

If any further information is needed to complete the incorporation please do not hesitate to contact me.

Thanking you in advance,

Nettie Davis

*****70.00 *****70.00

ARTICLES OF INCORPORATION

<u>OF</u>

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 | NAME

The name of the corporation shall be: Mott Enterprises, Inc

ARTICLE II PRINCIPAL OFFICE

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

Rt 21 Box 304 LAKE City F1 32024

ÀRTICLE III CAPITAL STOCK

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

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS 33 The name and address of the initial registered agent is: Jennifer Mott Rtai Bot 304 Lake City F1 32024

ARTICLE V INCORPORATOR(S)

The name(s)	and street address(es)	of the incorporator(s) to	these Articles c	of Incorpora-
tion is(are):	• ,	, , , , , , , , , , , , , , , , , , , ,		n incorpora-

Jennifer Mott Rtal, Box 304 Lake City F132024

The undersigned has(have) executed these Articles of Incorporation this
30 th day of October, 1998.
Signature/Title
Signature/Title
Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the tate 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:	Nott Entery	orises, INC.
2. The name and address of the regis	tered agent and office is:	
Jennifer Mot	 	<u> </u>
	30 4 ACCEPTABLE)	AR OV 72
LAKE City FI	32024	PA TO
(CITY/ST	TATE/ZIP)	22 TATE ORIDA
	SIGNATURE	Math
	TITLE Sec	/ Dread
	DATE 10/3	10/98

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 DATE 10/30/98