P980000 93292

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

SUBJECT: COX MASTERWORKS, INC. (Proposed corporate name - must include suffix)			
		· · · · · · · · · · · · · · · · · · ·	0000267787 -11/02/9801083 *****70.00 ***
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: MARTIN B. COX Name (Printed or typed)			
12661 MILLS RIDGE LANE			
JACKSONVILLE FL 32258 City, State & Zip			
(904) 262-5073 Daytime Telephone number			

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

Of the No

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.

NAMEARTICLE I

The name of the corporation shall be:

COX MASTERWORKS, INC.

ARTICLE II PRINCIPAL OFFICE

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

12661 MILLS RIDGE LANE

JACKSONVILLE, FL 32258

ARTICLE III SHARES

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

50,000

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

MARTIN B. COX

12661 MILLS RIDGE LANE

JACKSONVILLE, FL, 32258 ARTICLE V INCORPORATOR

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

MARTIN B. COX

12661 MILLS RIDGE LANE

JACKSONVILLE, FL, 32258

(An additional article must be added if an effective date is requested.)

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

artin B. Caf

Signature/Registered Agent