CITRUS AUCTION CREDIT CORPORATION P.O. BOX 568245

Secretary of State

Division of Corporations

P.O. Box 6327

Tallahassee, Fl 32314

Ke: Citrus Auction Credit Corporation

800002750028--1 -01/21/99--01084--003

****122.50 *****78.75

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Pamela N. Shaw

Citrus Auction Credit Corporation P.O. Box 568245

Pamela M. Show

Orlando, Fl 32856 (407)426-8252 A I De

ARTICLES OF INCORPORATION

of

Citrus Auction Credit Corporation

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME			
The name of the corporation is:	SEC	99.	Program,
Citrus Auction Credit Corporation	RE)		
	ARY ARY	2	3
ARTICLE II - DURATION	9	P	
This corporation shall exist perpetually unless dissolved according to Florida law.	STATE	2: 38	J

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue <u>One hundred</u> of townserredock, par value \$ 1.00 per share. (100,000)

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS		-
645 W. Michigan Street		
CITY Orlando	FLORIDA	ZIP 32805
Mailing address, if different		
STREET ADDRESS		
P.O. Box 568245		
CITY Orlando	FLORIDA	ZIP 32856

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

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

NAME Pamela N. Shaw	-	
ADDRESS 645 W. Michigan Street		-
CITY Orlando	FLORIDA	ZIP 32805

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall havethree either increased or diminished from time to tir addresses of the initial director(s) of the corpo	ne by the By-Laws, but shall neve		
NAME Patrick C. Mathes, II	I ·		
ADDRESS 641 W. Michigan Stree	et ·		==- =
CITY Orlando	STATE	FL	ZIP 32805
NAME Randy O. Burden			
ADDRESS 1611 S. Summerlin Avo	enue		-
CITY Orlando	STATE	FL	^{ZIP} 32806
NAME Douglas P. Hooker			
ADDRESS 5511 Hansel Avenue		1	
CITY Orlando	STATE	FL	ZIP 32809
The names and addresses of the incorporators			follows:
ADDRESS 641 W. Michigan Avenu	ue STATE		ZIP 22005
NAME		FL	32805
ADDRESS 1611 S. Summerlin Avo	00110		-
CYTOX	STATE	FL	ZIP 32806
NAME Orlando		F 3.1	32000
ADDRESS	Latin Alaton		
CITY	STATE		ZIP
The undersigned incorporator(s) have exe	cuted these Articles of Incorpo	ration this	19th
day ofJanuary	. 19 99 .	ration time	
	Randy OBr	en.	(Signature)
			(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



(name of corporation)
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered offic
as indicated in the Articles of Incorporation
at 645 W. Michigan Street
Orlando, FL 32805
has named Pamela N. Shaw
located at the aforesaid address, as its registered agent to accept service of process within this
state.
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 regis-
tered 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.