P99000029689

TRANSMITTAL LETTER

500002822035 -03/29/99--01113--003 *****70.00 *****70.00 Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 (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 \$131.25 \$78.75 \$122.50 Filing Fee Filing Fee Filing Fee, Filing Fee & Certified Copy Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED Sherri Stric Name (Printed or typed) 80.233-0889 Daytime Telephone number

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

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.

ARTICLE I

NAME

The name of the corporation shall be:

Alice's White Rabbit, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Business Address 8776 Unit #5 Thomas Drive Panama City Beach, Florida 32408 Mailing Address 8776 Unit #5 Thomas Drive Panama City, Florida 32408

ARTICLE III SHARES

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

One Thousand (1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Sherri Stickland 8776 Unit #5 Thomas Drive Panama City Beach, Florida 32408

ARTICLE V INCORPORATOR

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

Sherri Strickland

8776 Unit #5 Thomas Drive

Panama City Beach, Florida 32408

Signature/Incorporator

Date

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/Registered Agent

Date

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