)30701 TRANSMITTAL LETTER Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 IH 8: 29 je SUBJECT: (Proposed corporate name - must include suffix) 100002825511---4 -01069--021 -03/31/99-*****78.75 ****122.50 Enclosed is an original and one (1) copy of the articles of incorporation and a check for : 22.50 \$131.25 \$78.75 \$70.00 Filing Fee Filing Fee, Certified Copy Filing Fee Filing Fee & Certified Copy & Certificate & Certificate nc hrane FROM: Name (printed or typed) d 3804 m 5 SA Address Ч 3 marianna а City, State & Zip 850-593-1 Daytime Telephone number APR - 5 1999 SHARON

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



ARTICLES OF INCORPORATION

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 I NAME

The name of the corporation shall be:

Dee's Earth Angels Inc.

ARTICLE II PRINCIPAL OFFICE

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

Marianna, 719. 32446 Place: 8001 Church St. Sneads, Ala, 32460 ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares 310.00 a share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

8007 Church St. Sneads Ha. 32460 Dee Cochrane

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Detia O. Cochrane Thomas E. Cochrane 3804 Missouri Rd 3804 Missouri Rd Marianna, 1/a. 32446 Marianna, Ala. 3244h

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

______, 19<u>99</u>. day of <u>march</u> 29

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIG-NATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

ath -nc. 1. The name of the corporation is: 0.05

2. The name and address of the registered agent and office is:

rane 99 Naniei MAR ພ Box not acceptable) 2 œ (City/State/Zip) 29

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.

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314